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THE CENTURY SOCIAL SCIENCE SERIES

EDITED BY

EDWARD ALSWORTH ROSS

Principles and Practice of Social Work

Principles and Practice of Social Work

BY

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TO
MY GREAT TEACHERS
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Preface

Principles and Practice of Social Work is designed to introduce students interested in becoming social workers to a bird's-eye view of this field. The writer hopes also that other students and the public having a general interest in the subject will find the book useful. The body of social work literature is growing rapidly but there are still few books which attempt an over-all view. Fink's *Field of Social Work* makes the most recent effort to do this. There is no book which seems to the writer to furnish a philosophical context for the discussion of principles and practice. The philosophical frame-work of this book derives from sociology, psychology and the history of religions.

Sociology and anthropology have taught us that growth, conflict, adaptation are fundamental social processes; that human personality, social organization and social institutions are the results of interaction between persons, organizations and institutions; that these are in a continuous state of adapting which may require conscious and difficult choice; that choice influences the direction of growth. Since human life takes on aspects of its physical and psychological environment, some absorption occurring by accident but much by deliberate choice, there is possibility of improvement in personality organization and in social conditions. This means that attitudes as those of parents toward their children, of whites toward Negroes, of Gentiles toward Jews, can be influenced and social organization and institutions modified.

Psychology has shown us that human personality is the product of biological inheritance and personal and social experience. We are not born good or bad, modest or vain, coöperative or competitive, generous or selfish, understanding of others or self-centered. Rather, through our contacts in family, neighborhood, school, church, occupation, we take on many of our personality traits. We learn how to make choices which influence our personality organization and we learn our innumerable rôles in society. Behavior stems from experience and its meaning to each person. Behavior has a genetic history, is purposive and dynamic. All this means that the person,

ality is affected by the kind of psychological and physical environment in which it grows. It is mature or immature depending upon experience, motivation, satisfactions.

Philosophy and the history of religions tell us that from time immemorial man has conducted a quest for the good life and that different cultures at different times have created different objectives, different gods and different concepts of the hereafter. Common to all religions, however, is the search for the best life, which is sometimes thought to be here and now and sometimes hereafter. They differ in the relative importance of the immediate and present world and of the unknown and future life. Most people find emotional and intellectual security through belief in the supernatural. Some find it through belief in the infinite potentialities of man to grow and in the assumption of responsibility for producing conditions which encourage those capacities. Many who find encouragement and solace in supernatural religion devote time and effort to making this a decent world in which to live. *Inherent* in the beliefs of humanists is struggle for a good life for self and others, all the time while life endures.

The primary function of social work is to help individuals and groups meet the demands of their immediate world or to help in changing that world. The author is interested in directing the thinking of students to the interaction processes of life, to the need for making choices in terms of what Jane Addams once called "the best possible," to the problem of securing a better environment for the peoples of the earth to live in, and to achieving for themselves and others that degree of "wholeness" which permits each to function most happily and effectively. This in brief is the sociological, psychological, philosophical theory upon which this book is based and which permeates its pages.

So far as its specific content is concerned, the book is divided in two parts. In the first part the author describes what groups of people think social work is and what its areas of activity are. In the second part she endeavors to present a comprehensive picture of services and resources available and needed to meet and reduce the needs of people. It is clear with such an approach that no single subject is exhaustively treated; for example, whole books are written on case work or aspects of case work. The author does not have the intent to present an exhaustive review of social work but rather to indicate its nature, its complexity, its many ramifications, its dynamic characteristics.

Acknowledgment is due the editors and writers of the *Social Work Year Books* upon which the author has extensively drawn for definitions, facts, developments. Teachers and students who use *Principles and Practice of Social Work* will wish to obtain most recent information from whatever *Year Book* is current. During the writing of most of this book the 1945 *Year Book* was the latest one published. It is impossible adequately to thank Mrs. Ruth Hugo for her patience in typing and correcting the manuscript. Perhaps special thanks should go to the writer's family which has lived through the writing of the book, and to a generation of college students upon whom the materials have been tried out!

H. I. C.

Editor's Introduction

No doubt social work is not only here to stay, but will become more important and receive more attention. A chief cause is that contemporary industrial society is subject to such violent swings between prosperity and depression ("boom" or "bust") that at times great numbers of our hard-working, thrifty, responsible fellow-citizens, through no fault of their own, are "laid off" and know not "which way to turn." In the presence of such a vast engulfing catastrophe it is certain that public assistance, the social insurances and other social services will be provided until the wheels of industry are again turning. After each upswing of prosperity, many of the services remain as a permanent part of social organization.

Another reason why social work is sure of a future is that, for reasons well understood, modern societies are becoming more "nationalistic" *i.e.* each people is coming to be more pervaded by the "we" feeling, therefore more willing to help fellow-members in trouble. Nor is there any to suggest that this concern for one another will become weaker.

Social work calls for such knowledge, insight and sound judgment that it ought not to be conducted altogether by part-time amateurs. It calls for as extensive a preparation as pastoral work or teaching, therefore ought to be in the hands of the well-trained. It is now half a century since schools for the profession of social work began to be provided and everything indicates that, more and more, social work will be committed to professionals. This comprehensive treatise by Professor Helen I. Clarke has been prepared on that hypothesis. There is nothing in it that is not designed to fit the social worker to do a good job; and it provides him—or her—with many principles and much knowledge, outside of the teachings of his own experience, which it is necessary that a good social worker should know.

EDWARD ALSWORTH ROSS

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Part I

SOCIAL WORK PRACTICE

This book falls into two divisions. In the first part we shall discuss the various areas, processes, and functions of social work. In the second we shall describe various services and resources which the community provides for the social welfare of its citizens and of which the social worker makes use in the practice of his profession. Of course we shall point to unmet needs and means of meeting them.

Social work is a *field* of human endeavor. So, too, are recreation, housing, the social insurances, medicine, law, architecture, art, education, business, banking, diplomacy, labor relations. For the effective practice of some of these fields a professional education is essential; for some it is not. We believe it is for social work. By a *field* we mean an area or sphere of activity or operation. In any field of activity numbers of processes are involved. By a *process* we mean a course of action, a composite of skills and techniques which is often called a "methodology." We may speak then of the *field* of law requiring expert knowledge of various *processes*; or the *field* of social work necessitating expertness in numbers of *processes*.

There is much confusion as to what shall be included in and excluded from the content of social work. Some of that uncertainty we shall state even though we cannot dispel it. In the first section of this book we shall begin with an attempt to describe and interpret the objectives and characteristics of social work and shall use Jane Addams as an illustration of a type of social worker whom old and young alike will long admire. We shall then proceed with a description of the objectives, methods, activities, and philosophy of the three generally accepted processes of social work—case work, group work, and community organization. After that we shall do the same for administration of the public-welfare services and for social action in recognition of the fact that these constitute subject matter meriting special attention, whether or not they are processes peculiar to social work. We shall end the first section of the book with an analysis of the functions of public and private-welfare agencies.

The plan and purpose of the second phase of the book we shall present at the appropriate place.

Chapter I

WHAT IS SOCIAL WORK?

INTRODUCTION

What is social work? Who are some of the outstanding social workers? We frequently ask these two among other questions of students taking an introductory course in social work, some of whom expect to go into professional social work and others of whom have only a general interest in this field. Their answers are usually hesitant and uninformed. What is social work? They say, "It is helping poor people with their financial problems"; or "it is generous aid given to someone in trouble"; or "it is good deeds and charity"; or "it is character building." An occasional student answers that social work is a profession seeking to help individuals with their many personal problems by scientific means.

Who are some of the leading social workers? Every class replies, "Jane Addams." Only a few students know that she has been dead since 1935. If a local or state social worker has recently made the headlines or is a friend of the family, they may know his name. National names are generally unfamiliar unless popular magazines and newspapers widely publicize the worker. During the 1930-1940 depression period students knew Harry Hopkins, first Federal Relief Administrator; later they identified him as most intimate friend and counselor of President Franklin Roosevelt rather than as a social worker. They also knew of Aubrey Williams, head of the National Youth Administration, since many of them were benefiting by one or another of the federal relief programs. During the period of World War II they acclaimed Mrs. Franklin Roosevelt as *the* social worker. A few mentioned Madame Perkins or, if their home was Wisconsin, Katherine Lenroot or Arthur Altmeyer, but hesitantly and with not too much assurance about function. They read about UNRRA and Governor Lehman or Fiorella LaGuardia, but they did not know what part social work played in the organization.

Once in a while a student has read a book by or about Jane Addams or Lillian Wald. He may have visited Mary Simkovitch's Greenwich

Settlement or Mary McDowell's University of Chicago Settlement. He may even have done some summer volunteer work in a camp and have heard the name of the founder of the Boy Scouts, Lord Baden-Powell, or in a family welfare association and know of Mary Richmond. Or he may have read an article in the *Survey* by Beulah Amidon or Bradley Buell or one in the *Social Service Review* by Wayne McMillen.

Students, like the public generally, have hazy notions about the distinctions between the neighborly and informal practice of good deeds and the profession of social work. They are confused about the multiplicity of activities and agencies, all of which seem to be concerned with human welfare. Are they or are they not social work? If good deeds are not of themselves social work, what is? Which of the many services rendered to individuals with needs or problems or to the community with difficult situations are social work? Who is really entitled to be called a social worker? Are social work, social welfare, social security, the social services the same thing? It is to help students and interested persons discuss these and other questions that this book is written.

ASSUMPTIONS

We have several convictions which furnish the premises of this book and specifically of this chapter.

1. Social work is a profession, a very new one to be sure but; nevertheless, a profession. It necessitates intellectual activities accompanied by great individual responsibilities. It is not just academic but is also practical in its aims. It possesses specialized knowledge and techniques capable of communication both through literature and supervised field experience. Its members are likely to be more responsive to the public interests than are other individuals and to be concerned with the achievement of social ends. By these criteria, the clergyman, the teacher, the doctor, the lawyer, the engineer, the architect, are all professional persons and to this group must be added the social worker.¹

Someone has said, "A major distinction between professional practice and the activities in non-professional fields is that the emotions which inspire and accompany professional action have been refined and disciplined by education and by the responsibilities of

¹ Abraham Flexner, "Is Social Work a Profession?" *Proceedings of National Conference of Social Work*, 1915; Saunders and Wilson, *The Professions*, London: Oxford University Press, 1933

professional status. . . . Social workers want to be instrumental in guiding and accelerating social change and they want to do this in their group capacity. They see themselves as the spear-head of activity in the community and in those areas where they have special knowledge . . . the identifying attributes of a profession are: first, the possession of a special body of knowledge and second, a strong sense of obligation to place this asset at the disposal of the community."²

2. Basic to the functioning of the professional social worker is understanding of human personality and of the world he lives in. Hence he must study the social and biological sciences and be willing to check his observations against the objective data of those sciences. Social work itself is an art and not a science although it means to employ scientific methods when possible.

3. Social welfare and social work are not the same thing, although at many points they are. The former includes social institutions and fields of practice which are not social work. The latter comprises a body of practices which can be employed at many places in the large social-welfare field. A philosophy of social welfare needs to permeate social work. Social work needs to filter into more areas of social-welfare practice.

4. Social work has its own processes and techniques, but it involves much more than skills. It has a point of view, a philosophy. It assumes that although personal and social conflict are inevitable and natural, social change can be helpfully directed. The social worker is not ashamed of the fact that he is a social reformer, that he has an obligation to report on social conditions and to attempt change. If he believes that man's welfare is the primary purpose of social organization, how can he be other than a reformer?

5. The social worker by the nature of his activities must use many types of services. This means that he must have extensive information about the resources of his community.

6. The social worker is concerned with the needs of individuals and with the environment that causes personal problems. The person and his environment, or better, the interaction of person and situation is the focus of the social worker.

WHAT IS SOCIAL WORK?

What is social work? Is it the same thing as social welfare? Very few writers actually define social work; rather they describe its his-

² Quotation from *The Compass*, New York: AASW, 130 East 22nd Street.

tory, its activities and processes, its functions, its objectives—its nature. Some writers use social work and social welfare interchangeably. Social work is the newest of the professions, and so confusion concerning its characteristics and limitations is natural. One way to arrive at conclusions concerning the content of social work is to present alternative interpretations. We shall refer to four, but before we discuss them, we should state that social workers generally agree that the predominant processes of their profession are case work, group work, community organization, administration, research, reform, but disagree as to which are peculiar to social work.

For several years the National Conference of Social Work, which convenes annually, has partially built its program around five areas of activity, case work, group work, community organization, public-welfare administration, social action. There is universal agreement among social workers that *case work* is a process distinctive of social work. There is considerable disagreement as to whether *group work* is education, recreation, social work, or all three combined. A good many writers talk about group work as though it were a *field* instead of a *process*. There is some disagreement as to whether or not *community organization* is peculiar to social work, although increasingly the literature describes it as a process not only inherent in social work but as one which has taken on characteristics which now make it peculiar to social work. Most social workers do not think that the administration of *public-welfare* activities is of itself a process or that it is generically different from the administration of private-welfare services. They do not consider it a process but rather an area of activity. Nor do they think that all activities carried on within the area constitute professional social work. However, because of the size of public-welfare programs and the emergence of many new problems and situations the Conference set up a program section under this heading. Many social workers agree that they cannot be social workers without having a vital interest in *social reform* but they are not too sure what its place is in their profession and whether it has a distinctive social work identity. They are in agreement that *administration* and *research* are aspects of their job, that they are not distinctive of social work, and that adaptations are necessary.

In subsequent chapters we shall discuss in some detail case work, group work, community organization, and social action as basic processes of social work which, whether they all four started so or not, have, in our opinion, taken on such definitive characteristics as to

justify calling them fundamental to and distinctive of social work. We shall describe public-welfare administration, because of the importance of the area and not because we think it represents a separate process. We shall not give special chapters to administration and research since it is our belief that they run through all social work performance, although we shall briefly discuss administration in the chapter on public welfare.

Let us now review four meanings of social work: (1) That of the man in the street who gives it a traditional meaning deriving from Christian and humanitarian motives; (2) that of many welfare administrators who, out of their confusions are groping for a professional definition; (3) that of the theoretician who narrowly institutionalizes and professionalizes it; (4) that of the practical scientist who attempts an empirical definition.

I. Meaning to Man in the Street. First there is the belief of the common or ordinary man that generous individual impulse and private charity or benevolence are sufficient to meet the problems of people in distress. He does not know the phrase *case work* but he is sure that the kind deeds of the minister who helps the down-and-out or of a neighbor who gives shelter to a child victim of a disaster or of himself who gives change to the blind beggar are as much entitled to be called social welfare as the acts of the paid worker in the public-relief department or family-service agency, perhaps a little more so since remuneration is not a factor. He does not know the term *group work* but the music teacher or Rotarian or housewife who spends time with the "kids" who play in a Settlement on the other side of the tracks may be preventing delinquency and certainly is "doing good." The same music teacher or Rotarian or housewife who works with youth in the Y's and Scouts is not a do-gooder because these are "normal" children—in fact his children! He does not use the phrases *community organization* and *social action* but he appreciates the efforts of any citizen who gives his time to improving the conditions of poor, sick, neglected, delinquent people and believes these endeavors are as much welfare work as those of the director of the community chest. He is prone to label both lay and professional persons who agitate for full employment or health insurance "red" or "radical" or "meddler." He does not call the layman who carries on community activities "welfare worker" but reserves that term for paid workers. He is apt to have high regard for the charitably inclined or generous individual and may have consider-

able contempt for the person who makes a living out of helping people. The person who receives a pay check for doing what *he* does as a Christian or as a decent citizen is hard-boiled or ruggardly.

The interpretation of the common man then, is that anyone who performs those good deeds which he knows about is doing welfare work even though he may not think of that person as a "welfare worker." Both the generous individual and the employed person are carrying on social-welfare work. For the first he has high regard and for the second he may have disdain. So far as he is concerned generous individual impulse, social work and social-welfare work are more or less the same thing, but for the first he has more warmth of feeling.

Admittedly this is a somewhat exaggerated account of the common man's interpretation since many lay people today do recognize the institutional and professional characteristics of welfare work and realize that generous individuals cannot begin to take care of society's slack. The great depression of the '30's did much to teach the ordinary man that welfare services must be organized and that he as taxpayer has a heavy obligation to see that needy people are taken care of and that the community employs workers to carry on certain social and legal responsibilities. Comparatively few citizens, as yet, have much idea of the professional aspects of social work. Clearly the description just presented is not of professional social work.

Semi-Professional Meaning. A *second* interpretation was stated in a recent meeting of seventy-five county public-assistance directors. They were discussing their functions and what constitutes expertness. They were asked what they called themselves when they appear before county boards and their reply was "welfare administrators." Some of them didn't want to be called social workers because of the "high-hat" attitudes and behavior of many professional social workers. Others of them hesitated to call themselves social workers even though they thought they were because some "trained" social workers made it clear that they did not "belong." They believed, however, that they had a right to the occupational title since they were practicing social welfare. In their eyes because a person employed by a welfare agency carries on welfare activities he is a welfare or social worker. He is entitled to be called "professional" because he uses as good methods as he knows and achieves as much as it is reasonable to expect for the benefit of those for whom the program is established.

These welfare administrators left at least two items out of their

analysis of what constitutes professional social work. They seemed to forget in the first place, that not all persons who practice in the large social-welfare field are social workers but may be experts in housing, recreation, social insurance, nursing, or accounting. In the second place, they neglected to consider what it is that makes a person a *professional*. They were unwilling to make comparisons with other professions. They admitted that a fond mother who successfully relieves her sick child is not for this reason entitled to be called a doctor or a nurse and that a public official who knows the content of many statutes, much legal procedure, and the gist of judicial decisions, is not for these reasons a lawyer. But when it came to social-welfare practices they didn't want to concede that mere performance in the field did not make professional welfare workers. They left out of their picture the essentials of *supervised and then responsible practice tested by special bodies of knowledge*. They didn't want to admit that social work, or social welfare in their language, like any profession is a complex of general and special knowledge, of general and special skills, of a particular philosophy, and of a defined code of ethics. They were confused first about the similarities and differences of social welfare and social work, and second, about what is involved in professionalizing a set of activities.

Scientific Meaning. A *third* interpretation of social work is excellently presented in *Social Work: An Analysis of a Social Institution* by Dr. Helen Witmer, Director of Research at the Smith College School for Social Work. Dr. Witmer has made the most careful analysis to date of the characteristics of social work. Using Malinowski's definition of a social institution, she concludes that social work is one because (1) it comprises a system of concerted and specialized activities which, (2) are carried on by an organized, specially designated group of people who, (3) operate under a system of values which, (4) are put into effect through material apparatus. She arrives at this conclusion after analyzing social work under Malinowski's four classifications of: activities, personnel, a "charter" and norms, and material apparatus. She devotes much time to analyzing what activities generally considered to be social work are distinctive of social work. In fact, most of her book is given to this aspect of the subject. It is her conviction that the actual determination of what activities can legitimately be called social work is not a matter of historical precedent or of knowledge and skill but rather of what the real function of social work is. That function is "to give assistance to individuals in regard to the difficulties they encounter in their use of an organized group's services."

or in their own performance as a member of an organized group."³ By organized groups she means institutions like the family, the neighborhood, the school, the church, business, the neighborhood or state or nation, hospitals and clinics, recreation centers, public relief, etc.

If this is the function of social work, are all the usual activities performed in its name actually social work? Miss Witmer does not think so.

Case work is case-by-case or face-to-face work with persons who are handicapped in one way or another in their economic or social relationships. With respect to the family, for example, "the function of social work is to facilitate the family's normal activities through counseling with individuals about the difficulties they encounter in family life, providing money or other material goods that are necessary to secure a family's adequate functioning, or helping members to secure the needed services from other sources," With respect to the school or hospital or recreation center, the case worker's function is the same.

Under Miss Witmer's criterion, not all agencies which claim to carry on case-work activities are really social-work agencies. For example, she does not believe that public-relief agencies are social-work institutions because they are primarily concerned with providing a standardized form of assistance to all who meet certain specifications rather than with reestablishing needy persons in the economic system. There is, however, a place for social-work services within this independent institution Social case work has its place not just because of its information-gathering activities but because it can help clients get values from the agency's services. This latter means more than establishing eligibility; it also means trying "to make the receiving or denial of relief a constructive experience for the applicant, one that will enable him to preserve or mobilize his personal resources."⁴

Miss Witmer does not think that case work is concerned with personal relationships in general. "The promotion of the ability to function well in that respect is education, broadly conceived; and the start of the child's development in that direction is made by parents. The amelioration of intra psychic difficulties evidenced in relation with other human beings is the special province of psychiatry, although some other professional groups may lay claim to special

³ Helen Witmer, *Social Work: Analysis of a Social Institution*, New York: Rinehart & Company, Inc., 1942, p. 121.

⁴ *Ibid.*, p. 228.

competence here also. Social work is concerned with difficulties in social relationships as they arise in particular settings—in connection with the family, with the school, with hospitals or clinics, or in adjustment to neighborhood or nation." Since this is true, those aspects of practice which deal with general personal relationships or social adjustment in general are not social work.

Many activities called group work Miss Witmer does not consider social work but education or recreation. Discussion groups, nature study, art, dancing, citizenship classes and clubs are not necessarily or even generally set up for people having troubles in their various social relationships. "Leisure-time programs . . . are not conducted only for individuals who are in economic or social difficulties. Nor are the programs based on the assumption that the participants are maladjusted or socially inadequate." Hence the purely recreational and pedagogical uses of group work methods are not social work. If the members of the group have social or economic problems, if they are maladjusted or socially inadequate, and if the leader through group processes attempts to meet these problems, then social work is practiced. She thus excludes most of the activities of Y's, Scouts, Campfire Girls, Boy's Clubs, Community Centers. The distinguishing mark is the end to be served. If the end is not the development of general capacities but is that of helping individuals solve the particular problems they encounter in group relationships, Miss Witmer would call the activities social group work, a vital and distinctive process in social work.

Community organization is social work when it carries on activities for the *client* group. When community organization embraces planning for *all of social welfare* rather than for those persons whom social work agencies serve, coordinate activities are being carried on but not social work activities. She points out that this confusion concerning the content of the process, community organization, is due to equating *social work* and *social welfare*. The latter embraces programs of public works, agricultural relief, resettlement, flood control, labor laws, etc., which are not immediately concerned with the client group. Social welfare is basically secured through the institutional organization of society, and its activities are directed toward the improvement of that organization while the activities of social work are directed toward assisting individuals in their use of social institutions.⁵

After a survey of the activities usually called *public-welfare ad-*

⁵ *Ibid.*, p. 39.

ministration, Miss Witmer concludes that there is no peculiar process of public-welfare administration, that administration is a necessary part of social work but is not characteristic of it, and that many public-welfare activities do not use the expertness of social workers but of doctors, statisticians, matrons, etc. Administration and research are both auxiliary to the main purpose of social work rather than partaking of its essential nature. Nor is *social action* a distinctive process since "its actual pursuit requires knowledge and skills that are not at all peculiar to social work, that are, in fact, the special province of other professional and technical experts, such as political scientists, economists, and practical politicians."

Miss Witmer summarizes her position by stating: "Our search for the activities that are indubitably social work leads, then, to the conclusion that they are to be found chiefly in the field of social case work and in some aspects of group work as well, and that they also include those organizational, administrative, and research activities that are a necessary part of social case work and social group work. These activities which appear undoubtedly to be social work have a common element in their concern for individuals who suffer from social or economic difficulties. . . ." ⁶

Having limited the *activities* which it is legitimate to call social work, Miss Witmer has relatively little trouble in deciding that social work has a *personnel*, *norms* and *values*, and *material* apparatus, all three of which can be defined and studied. The *personnel* of social work operates largely through agencies which utilize professional workers to carry on professional activities and laymen to determine agency policy. Thus random impulsive individual charity is not social work. It has its *charter* and *norms* of conduct, and technical and legal doctrines which define its organization. Under this point she does not include activities in some public-relief agencies and in probation work within the scope of case work, because they are often performed under rules unacceptable to social work. It has *material apparatus* including buildings, land, furniture, records, food and clothing for clients, books and journals, etc. These last three institutional characteristics need no amplification here since they are self-evident.

Empirical Meaning. Miss Witmer has performed an invaluable service in providing a framework for an analysis of social work. In the refutation of aspects of her analysis we present a *fourth* interpretation which differs from hers at several points. Let us restate her

⁶ *Ibid.*, p. 43.

definition so that we have a basis for comparison immediately before us. The prime function of social work is "to give assistance to individuals in regard to the difficulties they encounter in their use of an organized group's services or in their own performance as a member of an organized group."

First, although we heartily endorse Miss Witmer's effort to analyze social work as a social institution, we believe that the profession of social work is too new to justify a definition as narrow as hers. It is natural in the growth of a profession, especially when it is passing out of its infant stage, to attempt limitation of boundaries; but there is danger in so doing that objectives, functions, processes, philosophy will be too soon restricted and institutionalized, something Miss Witmer wants and which many other social workers wish to delay. She chooses to define social work in terms of function. We prefer to give it a more common-sense meaning deriving from its historical background of church charity and poor-relief administration, from the double objective of helping individuals in their social and economic adjustments and in removing those conditions which produce maladjustments, and from the sum total of practices, part of which are distinctive of social work and others of which are not.

Second, instead of emphasizing *people-in-trouble*—their problems, difficulties, disabilities, handicaps, maladies, malfunctioning, inadequacies—we prefer to talk about people with *needs*. We use the word *needs* in three senses. (1) Every individual has basic needs. He needs emotional and physical security, ego-satisfactions and status, stability and variety. Helping people meet these needs, according to Miss Witmer, and we agree with her, is not the function of social work but of other social institutions.

(2) Every individual has needs which are uniquely his. He has more or less need for response or recognition than his brother because his inherited equipment and experience have been integrated into a different pattern. The group worker who practices in the Scouts or Y's is dealing with individuals most of whom are not out of gear with their social institutions but all of whom have special needs. In our opinion it is the function of the group worker to individualize their needs. By so doing he may prevent problems of maladjustment but more than this, he is helping participants make the most of life's opportunities and achieve maximum satisfactions. Miss Witmer calls this education. In our judgment the fact that some of the social worker's purposes and activities are also those of the educator or other professional expert, does not mean that these purposes and activities

are therefore not social work. If they are performed in the social-work setting with social-work purpose, we see adequate reason for calling them social work. (3) The particular needs of any individual may become *problems* which he and his natural counselors cannot solve. It is the business of the social worker to help with these problems. Social workers are in agreement that when needs in the sense of problems are presented to them, they have a definite function to perform. They are in disagreement as to whether working with people (who are not out of adjustment with their social situation) and helping them make the most of their own unique situation is the function of social work. Although most social work concerns itself with the problems of people and the removal of conditions creating problems, it seems possible legitimately to extend the purpose of social work to include persons who have needs which are not social problems and to help them by the processes of individualization and group association.

Third, we believe that the second main function of social work includes all those activities—organization, administration, research, legislation, education, reform—the purpose of which is securing resources and improving those in existence for the social welfare of individuals. In other words, a very important segment of social work does not involve a client-worker relationship. In our opinion, Miss Witmer over-emphasizes the significance of case work, perhaps because it has been most clearly defined and is, to date, the process most distinctive of social work.

Fourth, although it is a matter of opinion whether fields like recreation and the social insurances are social work, efforts to obtain them by the community organization or social action processes and knowledge concerning them *are* social work. Certainly there is room in these related and peripheral fields for social-work skills; in fact, Eveline Burns (to whose opinions we shall refer in Chapter VIII on public welfare) goes so far as to say that there is as much reason why the basic training for practice in some of them should be social work as any other. Of course the fact that a particular set of skills from one field is employed in another does not mean that one becomes the other. We believe with Miss Witmer that social welfare includes areas of activities which are not social work, but we disagree that planning for the social welfare is not inherent in social work. We think it one of the most important functions of social work, especially of community organization and social action.

(e) the structure and function of agencies; (f) the framework of the community in which these services function; and (g) field-work practice.

The first school, today called the New York School of Social Work, was established in New York City in 1898 as the New York School of Philanthropy. Prior to World War I, the establishment of schools of social work was slow. During and immediately after it, the American Red Cross made subsidy grants to colleges and universities for setting up special courses to equip personnel to give professional social services to soldiers and sailors and their families. Some of those courses and schools survived while others did not. In 1919, nineteen universities and colleges formed the Association of Training Schools for Professional Social Workers, which in 1933 became the American Association of Schools of Social Work. The forty-six recognized graduate schools of social work are divided into Type I and Type II schools. Type I schools provide a one-year curriculum and Type II provide a two-year curriculum with a professional degree. The essential difference between the types of schools is in number of courses offered and in size of the teaching and administrative staff, a quantitative rather than a qualitative distinction.⁸

The great expansion of public social work during and subsequent to the depression of the '30's and the war machine which absorbed so many social workers, are responsible for the great shortage of professionally-equipped workers. Because of this dearth, many educators argue that undergraduate professional social-work training should be stimulated. The National Association of Schools of Social Administration was organized in wartime with the stated purpose of promoting instruction for such fields as old age insurance, unemployment compensation, public assistance, recreation, rural social work, etc. on an undergraduate basis. The older organization, the American Association of Schools of Social Work, favors professional education for social work on a graduate basis only. There seems little doubt that for an appreciable time to come there will be a place for undergraduate training in social work to be comprised of the social sciences and some professional social-work courses. Graduate training is desirable and even necessary for those who choose to do certain types of social work and who wish to make it their life career.

⁸ For details of qualifications for admission into the American Association of Schools of Social Work see Esther Lucile Brown, *Social Work as a Profession*, New York: Russell Sage Foundation, 1942; Joseph P. Anderson, "Social Work as a Profession," 1945 *Social Work Year Book*, p. 452.

The body of professional social work literature is rapidly growing. Numerous periodicals such as the *Survey* *Mid-monthly*, *The Survey Graphic*, *The Family*, *The Social Service Review*, *The Group*, *Public Welfare*, and *The Compass*, are edited by and written for social workers. Others not primarily social work journals, such as *Mental Hygiene*, *Social Forces*, *The Annals of the American Academy of Political and Social Sciences*, include much material on social work. Numbers of state departments of public welfare as well as state conferences of social work and large urban agencies publish their own bulletins or magazines, some of them meriting national circulation.

For many years the *Proceedings* of the National Conference of Social Work, earlier the National Conference of Charities and Correction, have been published. A careful comparison of the index and articles of the early volumes with those of today shows the extent to which professionalization of social work has occurred. Several of the schools publish their own monographs. As examples one may cite Smith College, with its "Studies in Social Work"; the University of Chicago, with its extensive publications particularly those pertaining to public assistance; the University of Pennsylvania with its "Social Work Process Series." The first significant technical social-work book was *Social Diagnosis*, published in 1917 by Mary Richmond. This book will be referred to in greater detail in the chapter on case work. Since then, many volumes on numerous phases of social work have been printed.

Social workers have formed various kinds of organizations including those with a distinctly professional interest and those with a trade-union or labor interest. The best-known and largest professional organization of social workers is the American Association of Social Workers, which when formed in 1922, had a membership of 750 and in 1945 had grown to 10,602 persons. To qualify for membership the applicant must have had educational and field-work experience in a graduate school of social work.

Probably less than 16 per cent of the practitioners of social work in the United States are professionally trained if the 1940 census figures listing almost 70,000 are correct. Professional social workers agree that certain credentials, qualifications, training, and experience shall be required before a social worker can legitimately call himself such, but some are skeptical about the present requirements of the AASW and the inflexibility of its admission policies.

In 1945 the AASW made a study of its membership of more than 10,000 who were affiliated with ninety-eight chapters in forty-two

states. Complete returns were received from about 60 per cent of the membership. More than one-half of the group studied were "old-timers" in the sense that they dated their membership from 1935 or earlier. Women outnumbered men five to one, a figure somewhat affected by the fact that male members were in the armed forces and so did not answer the questionnaire. The average age of the entire membership was forty-one. Less than 3 per cent were under twenty-six years of age while nearly 20 per cent were over fifty. Fifty-four per cent considered themselves case workers, 28 per cent administrators, and the remainder consisted of community organizers, group workers, research workers, instructors, health workers, and students.

Members of the association had on the average practiced social work for nearly fourteen years. At least nine out of every ten had had some formal training in social work and more than half held a bachelor's or higher degree or a certificate in social work. Of the membership reporting, 82 per cent were currently employed in social work, of whom 40 per cent were associated with public agencies. The annual salary of the average association member, forty-two years of age, was \$2,878; at age thirty his stipend was about \$2,200; at forty-six it had increased to \$3,100 and at fifty-five to nearly \$3,500. The median salary of case workers was \$2,529; of supervisors \$2,779, and of administrators \$3,732. The highest salary levels were attained in the field of community organization. Salaries for men were generally higher than for women.⁹

Medical social workers, school social workers, psychiatric social workers, probation and parole officers, and other groups have formed special professional organizations. Since many practicing social workers cannot meet the qualifications required for membership in these organizations, they may set up their own groups. When this is done, they do not have the benefit of discussion with professional workers nor the chance to make their contribution to the professional group. This situation needs to be improved.

During the depression of the '30's there was a rapid development of trade unionism in social-work agencies, particularly in eastern cities. By 1937 all union groups in the private social-work field and all but three in the public social-work field were members of the Congress of Industrial Organization. A few were still members of the American Federation of Labor through the American Federation of State, County, and Municipal employees. Members of these organiza-

⁹ David M. Schneider, "American Association of Social Work Members as Revealed by 1945 Membership Census," *The Compass*, Vol. 27, No. 5, June, 1946.

tions are concerned, not so much with professional standards and professional achievement as with conditions of employment affecting them and the persons they serve. In 1944 the total membership was reported to be about 21,500, a large majority of whom were on the non-professional rather than the professional level.

'Civil-service and merit-system requirements since the 1939 amendment to the Social Security Act have increasingly emphasized professional social-work experience and competence. It has been shown that by far the largest number of employees calling themselves social workers are not yet professionally equipped, i.e., they do not have a combination of a broad knowledge of society, specific knowledge of social-work problems, and technical experience. As the public slowly comes to the realization that working with people and their needs and attempting to change distressful conditions requires more than the good sense of the common man, it will be willing to pay higher salaries for the expensive education required.

Certification. *Licensing, certification, registration*, terms often used interchangeably to indicate official sanction to practice a profession and to use a designated title, represent important methods of legal and social control over practitioners. Licensing for revenue purposes or for control of such occupations as amusement places, food shops and restaurants, canneries, maternity hospitals, dispensation of oleomargarine, etc. are not our present concern.

Certification obviously has values both for the public and for a practicing group. It may occur in several ways. The Special Committee on Legislative Drafting of the American Bar Association describes three ways: *First*, optional certification consists of a register authorized by law or by administrative ruling of persons who have met certain requirements and who are entitled to use a specified title. The purpose is to distinguish the qualified from the unqualified, but the law or regulation does not prohibit the practice of the occupation. *Second*, compulsory licensing prohibits practice without a license. This is now true of the legal and medical professions both of which are well established and well recognized. A *third* type adds to optional certification a provision that those not possessing certificates are placed under specified and defined restrictions.

There are several problems common to all professions requiring certification or registration. In the first place, state licensing agencies do not generally make fine distinctions between grades of professional skill and hence, junior and senior qualifications may not be

indicated. A second problem relates to methods of certifying—how best to test theoretical and practical knowledge. Shall more or less weight be given to experience over theory; what kinds of examinations best test knowledge, etc.? In the third place, what shall be the form of the registration authority? Shall the certifying body be made up of members of the profession itself, of lay members, of both? In addition to these common problems, social workers who contemplate licensing practices must recognize the additional difficulties of the small number of practitioners who today have completed a professional education, the lack of job specifications and hence the difficulty of formulating examinations, and the indifference of the public toward professional training for social workers.¹⁰

Up to 1946, only two states had done any extensive experimenting with certification of social workers analogous to licensing and certifying doctors and nurses. These states are California and Missouri. Puerto Rico in 1934 adopted compulsory certification by law, using the standards of membership of the American Association of Social Workers as the basis for certification.¹¹

The California legislature in 1945 enacted into law the Social Worker's Registration Bill which was sponsored by the State Conference of Social Welfare. The achievement represents the successful culmination of over twenty years of effort on the part of the California Conference of Social Welfare. In 1932 a plan for voluntary registration under the California Conference was evolved. In 1933 the Department of Registration and Certification of the Conference elected a board of five examiners who were given complete responsibility for setting up standards of registration. A blanketing-in provision was included in the plan. The minimum requirements for the first examination in 1935 called for the completion of one year of graduate work in a school of social work as the highest of six alternative educational patterns, and of ten years employment as a social worker by the applicant who was not a graduate of a high school as the lowest. By 1945 these requirements were modified so that the lowest qualifying pattern allowed for graduation from high school, seven years of employment as a social worker in a recognized agency, three years of which employment must have been in California imme-

¹⁰ Arlien Johnson, "Certification as an Aim of a Professional Association," *The Compass*, Vol. 26, No. 6, September, 1945.

¹¹ Sue Spencer, "Licensing of Other Professions," *The Compass*, Vol. 26, No. 6, September, 1945.

diately preceding application for examination. This experience with voluntary registration was, of course, helpful in the drafting of the bill which finally became law.

The law provides for a board of examiners of seven appointed by the governor with the consent of the senate. No fewer than four of the seven shall have completed at least one year of full-time graduate study or the equivalent at an approved school of social work. Not less than two members shall be lay people. It provides further that no person shall be prevented from engaging in social work but the use of the letters "R.S.W." shall be limited to those qualifying. Until January 1, 1947, social workers registered under the voluntary plan were blanketed in. The law does not include a definition of social work or of a social-work agency. The board is given full discretion in prescribing the qualifications for registration. This is considered to be the weakest point of the law. Social workers throughout the country will watch the California development with great interest.¹²

The Missouri Association for Social Welfare in 1934 inaugurated a program for voluntary certification and registration as a means of raising standards of social work personnel in the public-welfare programs of the state. It has been reported that the Missouri experiment was unsuccessful primarily because of two basic fallacies in the plan. *First*, the board of certification and registration was an organ of the Missouri Association for Social Welfare and not of the American Association of Social Workers, hence those not A.A.S.W. members who were certified did not obtain any real recognition from the professional group. *Second*, there was insufficient carry-over of interest into the agencies. As soon as it became apparent that the ownership of a registration certificate added little or nothing to one's qualifications and that registration was not being required by agency executives and boards as a criterion in setting up job qualifications, the registration procedure lost its meaning.¹³

John S. Bradway, father of legal-aid service, and well acquainted with the relations between social work and law has written an excellent article on "Legalizing the Professional Social Worker."¹⁴ He pointed out that an index of the maturity of a profession is the point at which its members decide to seek the protection of the law. When

¹² This material was taken from an article by Nathan Sloate, "California Registers Social Workers," in *The Compass*, Vol. 26, No. 6, September, 1945.

¹³ Bentram J. Black, "Missouri's Experience with Registration," *The Compass*, Vol. 26, No. 6, September, 1945.

¹⁴ *Social Service Review*, March, 1945, pp. 48-60.

the law recognizes a profession, it is protected from random practice and it can better serve the public. He suggested that a proposed program for legalizing social work might include: a legal definition of social work and social workers; provision for the confidential nature of information given the social worker; provision of legal privileges. Along with such legalizing steps might go incorporation of social workers as a profession. All this would give the profession opportunity to speak as a unified body and to put its prestige behind its own program, to raise admission requirements and to enforce discipline.

The Bureau of the Census in its series of reports presenting results of the 1940 census of occupations, found at the end of March, 1940, a total of 69,677 employed social workers in the United States. In addition, 2,851 unemployed social workers were counted. Thirty-six per cent of employed social workers, or 24,868, were men. New York not only led the other states in absolute numbers of social workers, accounting for 21 per cent of the total, but was the only state with less than 1,000 population per employed social worker. Mississippi was at the other extreme with nearly 2,000 persons of the general population per social worker. Wisconsin had a total of 1,414 social workers, 605 men and 809 women.¹⁵

CONCLUSION

The functions and skills of the social worker are gradually being accepted by the public. The depression of the 1930's did much to cause the services of the social worker to be recognized, appreciated, expanded. The war necessitated modification of programs, adaptation of skills to new situations, expansion of many services; the post-war period is likewise requiring many adjustments.

The social worker dealing with the needs of individuals through the methods of case work or group work must have sympathy, skills, intellectual knowledge, a theory of society. The social worker dealing with social conditions through the techniques of administration, research, organization, education, legislation, must have had experience both in treating the needs of people and in relating one program to another. His special contribution is to see social work whole, while that of the case and group worker is to help individuals.

The point of view which we have attempted to present in this chapter is that of Katherine Lenroot, chief of the Federal Children's

¹⁵ "Number of Social Workers in 1940," *The Compass*, Vol. 23, No. 5, June, 1942, p. 11.

Bureau, given in her presidential address at the sixty-sixth annual meeting of the National Conference of Social Work. Her subject was "Social Work and the Social Order." She pointed out that social work must be more than pragmatic; it must concern itself not just with immediate physical needs but with the social order. We shall need, said she, a more adequate foundation of economics, industrial relations, government, and individual and social psychology than most of us have. We shall find ourselves concerned with problems of relief, social security, labor, education, community organization, and public understanding and support of social programs. We may find moorings swept away and possibilities of social progress radically altered by the breakdown of effort to keep peace among nations.

The emerging purposes of social work she listed as follows:

1. Material security through economic and political organization that will assure every individual and every family the means of satisfying basic material wants.
2. Emotional security through personal and social adjustment.
3. Social justice through fair and ordered relationships between groups, with adequate opportunities for all groups.
4. Social achievement through collective endeavor.
5. Spiritual power through philosophic and religious thought.

The contributions of social work to the achievement of these objectives will be determined finally, said Miss Lenroot, not by efficiency of organization or technical skill, but by the character of the individuals who make up the profession. "Of the true social worker it may be said that he has integrity, vision, enthusiasm, patience, hope, insight, compassion, tolerance, and self-discipline. Great social work requires knowledge derived from study, wisdom instilled by experience, emotional maturity wrung from rich personal friendship and generous personal love, and spiritual strength achieved through faith—it is for us to carry on the task of interpreting human needs and helping to infuse social purpose with transforming power."

Here is a challenge for all who call themselves social workers.

EXERCISES

1. a. Select an illustration from your own experiences of what people generally think *case work* means and explain as you might to them why it is or is not *case work*.
 b. Do the same for *group work*.
 c. Do the same for *community organization*.
2. What did Porter Lee mean when he said that every social worker needs *techniques, knowledge, philosophy*?

3. What are the qualifications for admission into the American Association of Social Workers? Are they reasonable? Explain your answer. (See Esther Lucile Brown, *Social Work as a Profession*.)
4. It has been said that a century ago social work was an occupation rather than a profession. What is meant by this statement?
5. Describe three evidences of local interest or lack of it in social work.
6. Compare the four interpretations of social work presented in this chapter.
7. If you were talking to a legislator about a bill for the licensing of social workers, what arguments might you present?
8. Give your own definition of social work.

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Chapter II

JANE ADDAMS: A TYPIFICATION OF SOCIAL WORK

INTRODUCTION

Since the theme of this book is not only that social workers need and have special techniques, but also that they need but do not always have broad knowledge, a guiding philosophy, and an interest in social change, we wish to give a brief review of the life, activities, and beliefs of the world's best known social worker, Jane Addams. This eminent woman was born in 1860 at the time of the Civil War. She died in 1935 just a few years before the greatest war of all time.

Miss Addams, a pioneer in social work, developed special techniques in her settlement experiences, but she constantly expanded her body of information and repeatedly reformulated a working philosophy. It is Jane Addams, the promoter of social movements, the philosopher, the person interested in human welfare rather than Jane Addams, the technician or administrator or specialist, that the world will long remember. This is in contrast to Mary Richmond, whose contributions we shall later describe, who was first and foremost a formulator of techniques and who is gratefully remembered for them.

From her observance of the little man and of the neighborhood, Miss Addams' interests grew to include all persons and all parts of the earth. She was more than a resident of the Hull House area or a Chicagoan or an American or a Pan-American. She was a citizen of the world—one who wanted a better life for all people everywhere. She was what Professor Selig Perlman, a labor economist, once called Professor E. A. Ross, a pioneer sociologist, "a truly civilized person."

An incident afforded a picture and conception of Miss Addams which we shall always remember. The area in which Hull House is located has had several nationality progressions, and a good many Negroes had recently moved into the neighborhood. A club of Negro women was organized. Some of the older residents of the neighbor-

hood objected to the use of the settlement by colored people. Of course, Miss Addams permitted no such discrimination.

One evening a large group of Negro women was using a club room for a party. Numbers of children were there and everyone was gay. While the refreshments were being served, someone called for the Charleston to be danced by the baby members of the group. A little girl, perhaps six years old, tripped gaily and with no embarrassment to the middle of the floor and with all of the abandon typical of that particular dance, went unabashed through the intricate steps. There was much applause from both white and black observers.

Miss Addams sat quietly in a far corner of the room and watched the whole performance. Her face was stern but not reproachful, solemn, and somewhat sad. She seemed to be thinking of the tragedies that the whites have caused the Negroes; of the modern tendencies toward flippancy and even bravado of white and black youth; of the strange distorted standards and values of both youth and age; of the tawdriness of prevalent amusement; of the absence of real culture in our modern society; of the significance of all this and more for the future of democracy and social justice. No one more than Miss Addams had a passionate yearning for decent and just social relationships. The fact that "her enthusiasm for human life and its possibilities" was coupled with eager activity in behalf of people made her the outstanding woman of the twentieth century until Eleanor Roosevelt with similar objectives and principles stepped into Jane Addams' shoes.

In May of 1939, Hull House celebrated its fortieth birthday, four years after Miss Addams' death. Hull House, established in 1889, is a symbol of Miss Addams' theories and philosophies. It grew out of ideas which had been laid by a wise father and which she further developed in her college days at the Rockford Seminary and from observation in England and Europe. From the settlement she gained intimate knowledge of people and conditions which formed the basis for her mature but always young ideas.

Miss Addams had hoped to study medicine and practice among the poor, but while in medical school her frail health caused by spinal trouble necessitated her withdrawal. She went to Europe and stayed for two years. Everywhere she went she saw not only the marvels of European culture but the troubles and sorrows of the common people. On her way home she stopped in London at Toynbee Hall, founded in 1884, the first settlement in the world. There she saw the

concrete expression of the beliefs of some of England's outstanding thinkers.

Toynbee Hall was and is an experimental effort to aid in the solution of the social and industrial problems of the modern city. In the heart of London's great East End, a little group of college men set out to understand the under-privileged and to learn from and to teach them. They lived in the neighborhood, and so identified themselves with the everyday lives of these multitudes of people. The settlement in Miss Addams' words is "an attempt to relieve, at the same time, the over-accumulation at one end of society and the destitution at the other." This over-accumulation is most sorely felt in the things that pertain to social and educational advantages.

Inspired by this example and eager to devote her life to the changing of conditions in order that such gross inequalities as she had seen might not continue to exist, Miss Addams came back to the United States and with a friend opened the Hull House. Miss Starr, who made the beginning with her, was a student of art; Miss Addams essentially a student of human nature. Together they arranged the old residence of the Hull family as artistically as possible and provided the facilities for clubs and groups to play and learn together. Literature, painting, handicrafts were prominent in the early programs shared by residents and neighbors. Discussions on live and vital subjects were participated in by foreigners and Americans. Although these activities were described as clubs and classes, they were essentially what we designate today as group work. It was Miss Addams' aim to provide opportunities to the neighbors, through group association and under wise leadership, for stimulating activity, for fun and amusement, and for the chance to share in America's way of life.

As Miss Addams and Miss Starr learned to know the great sorrows and even the simple joys of their friends who *must* live in such an area, the confidence of the neighbors in the strange young women who *chose* to live in a dirty and unattractive and unsanitary section of the city was gradually gained. Before long, others joined them and took up their residence at Hull House in the congested but very human section of Chicago today called the Hull House area. They all realized the people of the locality were too weary, too powerless, or too uninterested to understand that their problems were common to masses, and that concerted thinking and action could alleviate, even eliminate, them. Miss Addams articulated this thought when

she wrote that the burden of change, at least for the time, must fall on those who wished to be of the neighborhood but who, the larger community would recognize, possessed characteristics and abilities not found in those residents of the community who by force of circumstances were compelled to live there.

From the beginning of her work, Miss Addams shared the needs and problems of individuals through the methods of case work and group work (which terms were not then coined) but she did not stop there. She took her knowledge of the accumulated difficulties of the neighborhood to sources which could effect change. If the stables of the neighborhood were unsanitary and the streets filthy, she went to the city fathers and, when she learned that change could come no other way, obtained the position of Inspector of Streets and Alleys. If there were no facilities within the school system for the education of adults, Hull House opened what were called College Extension Classes antedating University Extension classes. If sweat-shop labor was disgracefully prevalent, she and others went to the legislature with bills for abolishing such labor and for regulating factory conditions. If little girls at Christmas time refused the candy proffered by settlement workers because of the long hours they had been compelled to labor over its manufacture, she became concerned with limitation of hours and types of work for children. If immigrants, unaccustomed to congested American cities and unable to understand the language, were exploited by unscrupulous employers, she shared with the League for the Protection of Immigrants the task of social reform.

By such methods Miss Addams participated in or initiated movements for the general improvement of the neighborhood and of the larger community either by providing facilities at the settlement or by soliciting, even compelling, the interest of municipal and state officials and legislators. Thus far, her activities were primarily those arising from experiences in the neighborhood. Gradually her range of activities expanded, and she became a leader of social movements and a social philosopher.

Hull House, according to its charter, aims "To provide a center for a higher civic and social life; to institute and maintain educational and philanthropic enterprises, and to investigate and improve the conditions in the industrial districts of Chicago." But the motives which constituted the subjective pressures of Miss Addams and others toward social settlements were not limited to the desire to act and live primarily for the neighborhood.

Miss Addams wrote in an 1893 essay that there were three primary forces motivating those interested in settlements. *First*, the desire to make the entire social organism democratic, to extend democracy beyond its political expression. By democracy she probably meant what Henry Adams termed "a social ideal, a purpose, a feeling; the democracy of the theocrat who asserts for God a common fatherhood, or of the humanist who asserts for man a common brotherhood." *Second*, the impulse to share the race life and to bring as much as possible of social energy and the accumulation of civilization to those portions of the race which have little. Miss Addams believed that many people, especially young people, want to share the good things of life, and that they need the opportunity to release helpfully the energy that so often is diverted into senseless or useless channels. *Third*, the desire to express in terms of action the spirit of Christ who believed that all that is noblest in life is common to men as men. These three motives explain in large part Miss Addams' interest in and concern for individuals close at hand but, even more important, for people wherever they are—for mankind.

INTERESTS AND ACTIVITIES

Woman's Movement. Miss Addams devoted her life to the improvement of human beings and social conditions. She was a leader in the Woman's Movement. She revolted against the fate women for centuries have had to endure: the lot of the married woman under the English common law where she had no legal self because her legal identity was fused with that of her husband; the unjust treatment of the unmarried woman and her child; the denial of the right to vote. Such conditions contributed to her belief that women must be permitted and encouraged to contribute to political and social justice. The fact that it is women who *must* nurture the young and most helpless in society, theoretically and ideally makes them solicitous for the helpless of whatever age or condition or rank. But, said Miss Addams, women like men are bound by conventions, and only as their imaginations are stimulated through actual or vicarious experiences and as the opportunity to serve is afforded can they make the contribution to the world for which experience with their immediate families fits them.

In a *Survey* article, Miss Addams, writing on "Aspects of the Woman's Movement" observed that thus far women in politics had been too conventional, too afraid to differ with men, too unused to

trust their own judgment. Women instead of being sentimentalists and humanitarians, as it was feared they would be, injected too much of masculine policy into their thoughts and activities. She felt there was every reason why women should project their own individual acquaintance with problems upon a world riddled with difficulties that man-guided politics based upon an eighteenth-century philosophy of *laissez-faire* had not solved.

Miss Addams did not limit her activities to the securing of legal justice for women, but urged both sexes to recognize that women, because they *are* women, have a contribution to make to wider human justice if allowed to make it or if properly stimulated to want to make it. Hence it was imperative that opportunity for exchange of ideas and experiences through adequate educational facilities be provided. She, herself, had rebelled against a search for culture that was continued after her college days by a long stay in Europe where she studied literature and art. She came to feel that more important than the ability to appreciate the beauty of the arts was the ability to share in the pain and suffering and joys of human beings. Her method of self-education was through face-to-face contacts with people of all kinds, especially with those who could never enjoy the finer cultural aspects of life because of their inadequate income, leisure, and education.

Education. Miss Addams believed everyone should have the chance to derive the satisfactions that come from the releasing processes of genuine education. She felt the educational system must afford the means of meeting the needs both of those who labor with their hands and of those who by the accident of birth are predestined to a more leisurely existence. "We would all agree that only when men have a margin of leisure and a decent home can they find time to develop the moral life."

Since the task of education is to free the powers of each man and to connect him with the rest of life, increased demands should be made upon the educational system, especially in behalf of the average workingman. Miss Addams wrote, "Among the many disappointments which the settlement experiment has brought to its promoters, perhaps none is keener than the fact that they have as yet failed to work out methods of education, specialized and adapted to the needs of adult working people."

Immigrants. Life in the heart of a foreign area perforce gave Miss Addams a deep interest in immigrants and their problems of adjustment and assimilation. When about twelve years of age, she had

an experience that affected her attitudes toward foreigners. Her father was one day looking very sad and she asked him the cause. Mazzini, the great leader of democratic thinking in Italy, had died. She could not understand why her father, an American, should feel so badly about the death of an Italian. She left the discussion and his explanation of his grief with "a sense of the genuine relationship which may exist between men who share large hopes and desires, even though they may differ in nationality, language, and creed." She was "exhilarated with the consciousness that impersonal and international relations are actual facts and not mere phrases." Perhaps many children all over the world had a similar experience when Franklin Delano Roosevelt died on April 12, 1945.

With her vast interest in mankind it was natural that she should resent and regret our prevailing attitude of contempt toward immigrants—a survival, she believed, of the reactions of a conqueror toward a beaten people. Since Americans assume this manner of condescension toward those whom they consider an inferior group, it is not strange that the children of foreign-born parents reflect that attitude and are contemptuous of their parents.

Many incidents of children coming to court because of conflict with parents could be recited by anyone having much to do with immigrants. We have, in her words, an "exaggerated acceptance of standardization" and those who deviate from our prevailing notions are the victims of our disrespect. Louis Adamic, a Yugoslav-born American citizen, writes eloquently along these same lines. He, like Miss Addams, laments our adherence to shibboleths; our prejudiced distinctions between "Plymouth Rockers" and "Ellis Islanders"; our belief that America should be a melting pot for identity and mediocrity instead of a forge for dissimilarity and originality.

Our drastic quota laws which limit the number of foreign entrants each year is a reflection of our lack of understanding of the needs of those immigrants who are already here and of their legitimate desire to have relatives and friends with them. Our naturalization laws also contain injustices. She asked, is it more important that the immigrant be able to read and understand the American Constitution or that he be equipped to meet the social and economic demands of the community? Were she alive today, she would regret the narrow prejudices of many Americans toward the refugees of Europe forced to flee somewhere for life and liberty.

Labor Conditions. If economic justice were meted out to the immigrant, it might be that some of his social situations would adjust

themselves. At any rate, it is fundamental that a country still more or less influenced in its economic affairs by a nineteenth-century individualism, should face some of the difficulties imposed by its system upon foreign labor as also upon other labor. Exploitation, repression, warfare are associated together in industry as in international affairs. Wherever there are low wages, inadequate food and housing, dictation and domination, too long hours, peremptory dismissal, unemployment, poor labor organization, inefficient administration of labor laws, inevitably there will be misunderstanding and open aggression.

Miss Addams often and eloquently expressed her discontent with the prevailing inadequate economic system. Many times she was rabidly criticized for her encouragement of free speech among discontented working people; for her provision of rooms in the settlement where strikers could discuss their grievances, for her belief in arbitration rather than the use of the lockout. She was criticized by both employers and employees for trying always to be fair and just to both sides.

At one time, she was actively working to secure a piece of factory legislation. She was told by representatives of an informal association of manufacturers that if she would drop the nonsense regarding a sweat-shop bill they would give her \$50,000 for Hull House. She was justly indignant, but she explained as tolerantly as she could that she was not interested in a large institution but rather that her neighbors be protected from untoward conditions of work. She was reminded of what a political friend of her father once said of him, that there were doubtless many members of the Illinois legislature who during the great contracts of the Civil War had never accepted a bribe, but he knew personally of only one who had never been offered a bribe because bad men were instinctively afraid of him. She wondered what there was within herself that made it possible for a bribe to be offered her and avoided a self-righteous reaction only because she was judging herself by the standards laid for her by her father.

At another time, she was talking at an open-air meeting to a crowd of laborers. One of them called to her that she would change her ideas when she and her work became subsidized by millionaires. She replied that she did not intend to be subsidized by millionaires, neither did she care to be bullied by workingmen, and the radical group cheered her espousal of free speech. It was her conviction that, were as much energy devoted to ironing out the problems of industrial relations as to the preparation of war, there would be less war and better relationships within industry. Through conference and

increased mutual understanding, economic justice could in large measure be effected. She ventured the statement that it might not be further industrial advance that was needed, but the recovery and education of the workingman.

Youth. Miss Addams recognized that many things which individuals do are in response to legitimate desires illicitly expressed. Youth, in its quest for adventure, seeks the excitements of the city streets or the lures of forbidden joys. Adults forgetful of their duty to youth may either provide the wrong kind of outlets or neglect to provide any at all. It is not only the degenerate who entices youth into brothels and other illicit forms of amusement, who is to be held responsible for crime and delinquency, but also the respectable member of society who pays inadequate wages, who believes that his only responsibility is for his own family, or who feels that it is not necessary for him to be his brother's keeper.

In discussing the disgrace of prostitution, Miss Addams said, "It is incomprehensible that a nation whose chief boast is its free education, that a people always ready to respond to any moral or financial appeal made in the name of children should permit this infamy against childhood to continue. Only the protection of all children . . . will prevent some of them from falling victims to the white-slave traffic." As a consequence of the activities of such people as Josephine Butler, Grace Abbott and Jane Addams, we have increased our general consciousness of community responsibility for elimination of prostitution. It is a step in the humanizing of justice to which cause Miss Addams gave her life.

Miss Addams helped procure the legislation for the first juvenile court in the world. It was established in Cook County, Illinois, in 1899. Juvenile courts have been established throughout the United States in response to changing theories of criminal responsibility and the duty of the state to protect all children. In 1925 she was chairman of the anniversary committee of the twenty-fifth year of that court and of the fifteenth year of the first psychiatric institute, also established in Chicago. Courts dealing especially with adults still reflect eighteenth-century philosophy which advocated punishing the criminal according to the seriousness of the crime. The juvenile court attempts to individualize the offender, the offense, and treatment.

A horrible crime was committed by six men and boys in Chicago. All came from terrible homes. Four were sentenced to death and two went to the state penitentiary. Miss Addams queried, did this situation require more brutality on the part of the state? Are we still the

victims of the retributive theory of punishment? Are we still enraged because of our own fear of the criminal? Is the incessant insistence upon more severe punishment a result of a state of panic and lack of intelligence? She persistently pointed out that an understanding of individuals, their motives, and their environment and the provision of means for improving the social environment are necessary to reduce our crime problem.

International Relations and Peace. On no subject did Miss Addams talk and write more eloquently than on that of international relations and peace. She was a pacifist and remained such during World War I. She was born a Quaker. During the first World War she took an unequivocal stand against war as a means of preserving democracy. It is impossible to read her book *Peace and Bread in Time of War* without an overwhelming belief in the complete sincerity of a woman who suffered under the consciousness that youth and idealism were being smashed. She bore the bitter calumny of those who believed that in time of war no one has the right to stand out against the majority's wish.

Miss Addams had the conviction that all forms of growth begin with a variation from the ideas of the mass and that moral change also begins with a differing group or individual. The ability to hold out against the terrific pressure of public opinion depends upon the categorical belief that a man's primary allegiance is to his vision of the truth and that he is under the obligation to affirm it.

When World War I first broke out in Europe, Miss Addams "revolted not only against the cruelty and barbarity of war, but even more against the reversal of human relationships which war implied." In January, 1915, she and Mrs. Carrie Chapman Catt issued a call for a meeting in Washington, the outgrowth of which was the Women's Peace Party. The first plank in the notable platform was the immediate calling of a convention of neutral nations in the interest of early peace. The original plans for the international conference included its call by official United States, but Wilson and other American diplomats did not agree.

The carefully worked-out plans of many American and European women from the neutral countries were sensationalized by Ford whose Peace Ship became famous. His plans to finance a conference of neutrals deviated so strongly from the original plans of the women's organizations that several people dropped out and did not attend. A conference was held in Stockholm, but the plans developed there fell through when shortly afterward Mr. Ford withdrew his support

as suddenly as he had given it. Thus came to an end the "hopes for a conference devoted to continuous mediation."

After the United States entered the war, the Women's Peace Party avoided all criticism of the government and all activities that could be considered subversive, not as a matter of prudence but because of adherence to democratic principles. Miss Addams turned her attention to the conservation of food, in part because she realized the tremendous suffering of millions of Europeans and in part because she hoped by appealing to the universal need for bread to arouse in American women an interest that was greater than national boundaries.

When the peace negotiations were in progress, the group of women, who formed the organization later called the Women's International League for Peace and Freedom, met to urge the importance of certain international interests upon a group of diplomats who were more concerned with reparations. This group passed resolutions which were telegraphed to Paris and recognized by Wilson. The first resolution dealt with the necessity for immediately raising the blockade and for supplying food to the millions who needed it in order to prevent famine, pestilence, and unemployment. How great was the disappointment of this group of women with the activities of those who formulated the treaty and with the lack of consideration given by the League of Nations to the humanitarian problems of food supply, can in part be gleaned from Miss Addams' pen. Does any war, she inquired, justify the death of millions, the physical and mental suffering of millions more, the temporary savagery that it demands, the espionage and suspicion that it engenders? In Miss Addams' mind the answer was NO.

The re-publication in 1945 of Miss Addams' book *Peace and Bread* written in 1922 was peculiarly timely. John Dewey, hailed the re-edition of the book because he subscribed to her conception of democracy versus coercion. He pointed out that Jane Addams' pacifism was not passivism. Rather she was vital and vigorous in her advocacy of international organization, not merely of the politico-legal type but of the socially humane type.

"The formation of UNRRA (. . .) is, as far as it goes," according to Mr. Dewey, "a recognition of the 'Food Challenge' for world organization." To Miss Addams, need for bread was a symbol of the importance of natural impulse and primitive affection. Her faith in them was nourished by her Hull House experiences. "Were Jane Addams with us today her voice and pen would tell us how the events of the years which have intervened between two world wars

have intensified the evils which will surely follow if leaders betray the trust committed to them—events which have deepened the need for those humane processes and organs which alone can bring hope of enduring peace to a tragically torn and bleeding world.”¹

• **Research.** Basic to an understanding of society is the realization that it is constantly changing. Miss Addams was interested in careful observation of these changes. She had the ability to change her ideas as institutions and conditions changed. She appreciated the value of research. For years the Hull House maps have been known to students of immigrant migrations in large cities. These maps show the succession of nationalities which have moved into the Hull House neighborhood and are a graphic representation of the myriads of problems that each such succession has brought with it. She employed the methods of the trained researcher to secure accurate data. By her concentrated attention on a small area and its problems, she came to know its characteristics and difficulties, to foresee methods of improvement, and to forestall unnecessary disorganization.

Miss Addams wrote in a personal letter that the future of settlements depends upon their ability to meet changing conditions. She believed that the settlement would long be a needed institution—needed because it is a means by which problems are intimately and accurately studied and the source from which support for changes in social conditions can be expected. Is the settlement developing leaders competent to follow such women as Miss Addams—leaders in methodology including the important tool of research and in social thinking?

PERSONAL QUALITIES

Miss Addams combined the qualities of humility, courage, perseverance, justice. She seemed never to be smug nor officious nor self-righteous. She wrote that it would be easy for a pacifist in the midst of wartime opprobrium to become a victim of self-pity or self-righteousness and to hate himself equally either way. She steered a middle course and avoided being a faddist or a fanatic. When writing of her complete pacifism during the war, she said, “My temperament and habit had always kept me rather in the middle of the road; in politics as well as in social reform I had been for ‘the best possible.’

¹ John Dewey, “Peace and Bread, The Realism of Jane Addams,” *Survey Graphic*, April, 1915, Vol. XXXIV, #4, pp. 117 ff. From an introductory essay in a new edition of *Peace and Bread in Time of War* by Jane Addams, New York: Columbia University Press, 1945.

But now I was pushed far toward the left on the subject of the war . . ."

Miss Addams realized that statesmanship may be branded most anything by its opponents, that those who fearlessly expound causes must expect censure. She was not a "red" nor a "radical" in the sense that she thought violent change was the best method of accomplishing change; neither was she a conservative in the sense that she believed in the *status quo*. Rather, she was one who thought that change must come through the joint efforts of leaders and the masses of people, each attempting to understand the other.

As a child, Miss Addams had another experience with her father that left an ineradicable effect. She asked her father the meaning of foreordination. He replied that their kind of mind would never understand it, but understanding it was not so important as pretending to understand what you did not understand. He believed in mental integrity and that characteristic his daughter seemed always to keep. Even though permitting certain groups to use the settlement meant loss of contributions or severe criticism, she maintained the right of the individual to free speech and self-expression and thus kept faith with her conscience.

OTHER SETTLEMENT PIONEERS

This is not essentially a chapter on the contributions of settlements to social work but rather of a great and noble person who made many of her contributions by reason of her experiences in the settlement. It seems only fair, however, to mention briefly some of the other great contemporaries of Miss Addams in the settlement movement. Any one of them might be used as a representative of social work.

Immediately four names come to mind: (1) Canon Barnett of London and Toynbee Hall, (2) Robert A. Woods of Boston and South End House, (3) Graham Taylor of the Chicago Commons, and (4) Lillian Wald of New York City and the Henry Street Settlement. Canon Barnett, whose life has been so eloquently described in a biography written by his wife, started Toynbee Hall in 1884.² He was a clergyman in St. Jude's parish, Whitehall, an area on the East side of London characterized by great poverty and misery. Himself an Oxford graduate, he frequently returned to put before young men the distressing details of life in the slums. One of these men, Arnold

² Henrietta Barnett, *Canon Barnett*, Vols. I, II, London; John Murray, 1919.

Toynbee, was often a guest of the vicar of St. Jude's parish. Toynbee, devoutly religious like Barnett, believed that Christianity reached its heights in a search for universal fellowship rather than in dogma.⁸ Toynbee, had he not died in 1883, would have been one of the first to respond to Barnett's summons to come to Whitechapel to live and to share experiences with the very poor.

The essence of Barnett's idea was the opportunity of university and working men for fulfillment of the life of each, as well as for salvation of the nation, through living together and sharing experiences. This first settlement became the source of inspiration for many others. Jane Addams and other Americans visited Toynbee Hall and derived motivation from its organization and leaders. The Barnetts and many other notable persons who have lived at Toynbee Hall have participated vigorously in the life of the area and have reached far beyond into the life of England and the world.

Robert A. Woods and Graham Taylor, like Barnett, entered the settlement field via religion. In 1892, Andover House in Boston was opened under the direction of Mr. Woods who had been sent abroad by Professor William J. Tucker of Andover Seminary to study new forms of religious work. Woods visited Toynbee Hall and Oxford House. The results of his studies were given in a course of lectures at Andover and were later published. The way was thus prepared for the opening of Andover House, later called South End House. Mr. Woods' writings show the depth of his religious and social convictions and the extent to which he put into effect those beliefs. The settlement to him was an example of social Christianity.

In 1893, Graham Taylor accepted a post to teach sociology at the Chicago Theological Seminary with the stipulation that the congested areas of Chicago were to be used as a laboratory for exploration into human needs and resources. In 1894, the Chicago Commons was opened as such a laboratory. It became a center for myriads of neighborhood activities and provided the opportunity for the aggregation of data used in efforts to achieve social reorganization. Upon Mr. Taylor's death, his daughter, Lea, took his place as head resident.

Lillian Wald entered the settlement movement by an entirely different route from that taken by Canon Barnett, Robert A. Woods, Graham Taylor and Jane Addams. Miss Wald graduated from a New York Hospital training school for nurses in 1893, and in that same year decided to devote her professional skill to working people. She

⁸ Woods, and Kennedy, *The Settlement Horizon*, New York: Russell Sage Foundation, 1922, p. 25.

and Mary Brewer found rooms on Henry Street which almost immediately became headquarters for district nursing and a center for local cultural interests. The world-wide known Visiting Nurses Association grew out of this early experiment. Miss Wald, a dynamic, aggressive, strikingly handsome woman won support for many activities, and Henry Street Settlement is today the hub for many types of activities and movements. It is still known as the Nurse's Settlement. All four of these great leaders are dead.

Other names could be added to this roster: Gaylord White (deceased) of Union Settlement, an experimental center for Union Theological Seminary; May McDowell of the University of Chicago Settlement, a laboratory for the University of Chicago; Mary Kingsbury Simkovitch of the Coöperative Social Settlement, later called Greenwich Settlement, founded as a protest against the ideas of philanthropy of Friendly House where Mrs. Simkovitch had lived.

All of these people and many others, whether primarily motivated by a religious or a humanistic objective, believed in the opportunity for service through sharing experiences. All, like Jane Addams, have contributed to the skills and theories of social work.

CONCLUSION

Miss Addams did not lose the significance of small events unnoticed by most. To her, a child who had been led into unwholesome forms of recreation typified the need for community concern with dance halls, decent housing, adequate wages, etc. A mother of several children who must support them because the irresponsible father had departed for parts unknown and had left them unsled and unattended long hours, represented the needs of millions of mothers for community protection. She not only saw these incidents multiplied many times, but she saw the necessity for action on the part of those having a realization of the problems. Such people as herself must bring to the community a recognition of its problems, and then, having helped to develop community consciousness, arouse the desire to effect change.

"When certain groups in a community to whom a social wrong has become intolerable, prepare for definite action against it, they almost invariably discover unexpected help from contemporaneous social movements with which they later find themselves allied." From these two sources, the general public and interested groups, leaders of social change must derive their support.

The consuming passion of Miss Addams' life was championship

of the causes of the oppressed. She said of the Hebrew prophets that they saw the promises of religion not for individuals but in the broad reaches of national affairs and in the establishment of social justice. Like these ancient prophets and a more modern one, Lincoln, she had charity for all. In America our democratic idea has been pushed along the line of franchise for all but we have made little effort to assert it in social affairs. We have given the vote to the Negro but he lives in social ostracism; we have done the same for the immigrant but we name-call him with words like "wop" or "yid." She had an indomitable faith that wisdom resides in the hearts of the simple and only as they are taught can wisdom be forthcoming. "We know, at last, that we can only discover truth by a rational and democratic interest in life. . . . Thus the identification with the common lot which is the essential of democracy becomes the source and expression of social ethics."

Graham Taylor, another great figure, said of Miss Addams in his book *Pioneering on Social Frontiers*, "To very many, as to me, she has been what Professor Charles E. Merriam described her to be. 'A great professor without a university chair, a great statesman without a portfolio, a guiding woman in a man-made world, a brooding spirit of the mother hovering with gentle sympathy over the troubled sea of poverty, of weakness, of arrogance, of pride, of hate, of force.' To her I owe more than to any other comrade, a deeper insight and closer grip upon life, and a vision of a world grown greater yet nearer, more human yet more divine since I have shared her understanding of it."⁴

In summary, Miss Addams' contributions to social work and to civilization include:

1. The rooting of the settlement movement with its faith in the values of shared activities.
2. The development of skills in handling the problems of individuals and groups.
3. The transmission to a wide public of her great understanding of human suffering.
4. Informed and courageous participation in social action.
5. A great spirit which evolved from belief in the dignity and worth of the individual; in the values of neighborliness and in democracy; in the duty of privileged and advantaged persons to share; in the responsibility of every person to give allegiance to his vision of the truth; in the simple human virtues of courage, humility, loyalty.

⁴ Graham Taylor, *Pioneering on Social Frontiers*, Chicago: University of Chicago Press, 1930, pp. 303-304.

EXERCISES

1. What is meant by the statement "A settlement is a philosophy rather than a technique"?
2. Why was Miss Addams fearful of "an exaggerated acceptance of standardization"?
3. What did Miss Addams mean when she said she was interested in "attaining the best possible on the theory of consent"?
4. What is your reaction to the melting-pot concept of immigrant adjustment?
5. Select one of Miss Addams' major interests and show how it has or has not current significance for the social worker.
6. Summarize Miss Addams' contributions to social work.
7. Compare Miss Addams' personality and contributions to social work with those of other settlement leaders, as, for example, Canon Barnett, Graham Taylor, Lillian Wald. (Consult autobiographies and biographies.)

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Chapter III

SOCIAL CASE WORK

HISTORICAL BACKGROUND

Case work, which all social workers agree is a specialization within the profession of social work, has deep roots. Case work in the sense of helping people is not new, but it is new in the sense of careful formulation of principles and methods which can be taught and learned. The date of the coinage of the phrase *case work* or *social case work* is not known, but its first mention in the index of the *Proceedings of the National Conference of Social Work* was in 1911 and in the *Survey* in 1918.¹

Some writers in presenting the origins of case work give the impression that the charity organization society (COS, in common parlance) movement beginning in London in 1869 and in Buffalo in 1877 is the sole parent. As every child is the product of generations of parents so is any movement or profession the result of numerous factors. ["Just as the automobile . . . was preceded by the wheel, the highway, and the internal combustion engine,] social work was preceded by mutual aid, pious almsgiving, public relief, and bourgeois benevolence. [Both automobile and social work were new, yet both consisted largely in achievements of the past." ²]

"Good Deeds" Origin. Case work, meaning good or kind deeds, is as old as man. The real origin of case work is found in the family or clan or neighborhood, where somebody extends help to another person with problems. [Even in these situations, some people give genuinely helpful service while others give sheer sentimental good will without deeds, or unwise counsel. Every case worker knows of many instances of genuine and far-reaching helpfulness on the part of family, friends, doctors, ministers. In fact most personal problems are met by the combined efforts of the person himself and his natural advisors or consultants. But every social worker also knows of in-

¹ Unpublished paper by Frances Brayton Person, "The Development of Social Case Work," Sociology Department, University of Wisconsin, 1926.

² A. G. Warner, and others, *American Charities and Social Work*, New York: Thomas Y. Crowell Co., 1922.

numerable instances where good intent was inadequate to help in the solution of personal needs.]

[An eloquent illustration of the difference between mere good intent and trained practice is given by Mary Richmond in her little book, *What Is Social Case Work?* She shows the difference of method and point of view as between neighbor and specialist by drawing from the life of Laura Bridgman in which Asa Tenney is the neighbor and Doctor Samuel Gridley Howe, the founder of Perkins Institution for the Blind, the teacher.]

[Laura was deaf and blind. The kind old neighbor used to take her for country walks and he taught her differences, as, for example, between land and water, by feeling. When Doctor Howe asked permission to give Laura systematic instruction, old Asa Tenney scouted the idea that anybody could teach her more than he. She knew him from other people; she knew a cat from a dog, a stone from an apple, so—. Nevertheless, Laura went to Perkins Institution and was taught through touch alone to read and write. Doctor Howe added scientific knowledge and understanding of personality to random or intuitive action and mere kindness. The combination is the essence of case work.)

[Miss Richmond expands her theory by reviewing the early life of Helen Keller. When Helen was six years old she had a serious illness which left her deaf and blind. Her parents applied to Perkins Institution for a private instructor and choice fell on a former pupil who had lived in the same cottage with Laura, and who herself had been almost blind from childhood but whose sight had been partially restored before her graduation. Anna Mansfield Sullivan (subsequently Mrs. Macy) encouraged the spoiled child to cooperate in a family group; taught her to read and write by writing in her hands; took her to greater experts from whom she learned to talk; exposed her to religious education; helped her enter Radcliffe College from which she graduated. The greater knowledge and skill of Miss Sullivan were primary factors in making Helen Keller a citizen of the world, while Laura Bridgman, upon whom great but not enough skill and knowledge were expended, lived all of her life in an institution.]

Miss Richmond concludes her illustrations by pointing out the case-work principles that Miss Sullivan practiced without formulating them as such:

1. The expression of the kind of sympathy and affection which does not stifle but which releases.
2. The change of environment so as to release tension.

3. The employment of expertness wherever it can be found.
4. The winning of trust and confidence.

Christian and Church Background. The desire to be helpful which all of us have to a greater or less extent has been exalted by Christianity. In Jesus' words: "For I was hungry, and you gave me to eat; I was thirsty, and you gave me to drink; I was a stranger, and you took me in; naked, and you clothed me; sick, and you visited me; I was in prison, and you came to me." ³

[Nowhere in the Bible is basic Christian principle more eloquently expressed than in Franklin Delano Roosevelt's favorite passage: "And though I bestow all my goods to feed the poor, and though I give my body to be burned and I have not love, it profiteth me nothing. Love suffereth long and is kind; love envieth not; love vaunteth not itself, is not puffed up, doth not behave itself unseemly, seeketh not her own, is not easily provoked, thinketh no evil; rejoiceth not in unrighteousness, but rejoiceth in the truth; beareth all things, believeth all things, hopeth all things, endureth all things . . . And now abideth faith, hope, love, these three; and the greatest of these is love." ⁴]

Love or charity in Jesus Christ's words was not just alms but also wise and understanding deeds. [The New Testament is filled with stories of His kindness. He healed the sick, gave sight to the blind and hearing to the deaf, dispensed advice and forgiveness to the erring, rebuked the selfish and bigoted and pharisaical and always with sympathy and love.]

Since the birth of Christianity, the exercise of charity has been a primary function of the Catholic church. [In the first few centuries after Christ, the Christian groups were few and far between. They practiced mutual aid or charity as one of the functions of a primary group. As the groups became larger and more heterogeneous in composition, services had to be organized. The parish, the Bishop's House, the monasteries were centers for the dispensing of alms and other services.] The Council of Nicea (325 A.D.) commanded the bishops to establish institutions in every town for the sick, the poor, the homeless. In time the church established many special institutions such as orphanages, hospitals, leper homes, hospices for travelers and strangers.

The Golden Age of Catholic Charity began during the time of Innocent III (1198-1216) who among other notable works, estab-

³ *Matthew* 25:35-36.

⁴ *1 Corinthians* 13:3-13.

lished a model city hospital in Rome. From then until the Black Death (1349) ecclesiastical charity was largely institutional. (The Black Death crushed the development of institutional care of the poor and sick and never again did the church's system of care attain the universal effectiveness that it enjoyed during the thirteenth century. This is not to say that the church did not continue its charity function but rather that it had to yield first place; for example.) The Council of Trent 1543-1563 reaffirmed the duty of the bishops to oversee all measures for the relief of the poor. St. Vincent de Paul in the same century, not satisfied with provisions for certain classes of the needy, initiated numerous reforms including the founding of the order *Les Filles de Charité*, which ran a huge establishment for illegitimate foundlings.

(Although the church desired to preserve and expand its influence in the exercise of its charity function, it had to make adjustments. Maladministration of some of its functions together with economic and social factors such as, enclosure of land, growth of cities, rapid development of commerce, all of which brought in their wake) a great increase in poverty, vagrancy, suffering, beggary were responsible for the decreased influence of the Catholic church in providing for the needy

Since the resources of the church were inadequate to cope with the vast suffering, other systems of care arose, particularly state control of many of the services of which the church had earlier been the prime dispenser. This taking over of the church's function by the state occurred rapidly in the sixteenth century and has continued ever since. At first the church and the municipality shared in the administration of Catholic-owned institutions. In time, cities and towns built and managed their own resources. Several centuries of attempts at legal repression of beggary and wandering by severe punishments were only partially successful. Numerous statutes were passed requiring legal settlement in a parish for eligibility for the receipt of relief.

Legislation. A discernible forebear of the charity organization movement and in turn of modern case work is the Elizabethan statute of 1601 which: (1) required each parish to impose a tax for furnishing employment to the able-bodied unemployed; (2) provided for apprenticing children and for maintaining the impotent poor in almshouses or in their own homes; (3) imposed an obligation upon designated relatives to support poor and impotent relatives; (4) gave the administration of this program to overseers of the poor and justices of

the peace. Inherent in this legislation was the principle of individualized care—not aggregate or mass care.

{The basic provisions of Elizabethan poor-relief legislation were incorporated into the statutes of the American Colonies and are "vestigial remains or anachronisms" in many of our present-day statutes. Inadequacies are inevitable in a system of care that limited the radius of travel of poor persons to a town or county in a period of rapid economic developments; that treated all poor unemployed persons as though they were poor because they wanted to be and hence gave them far too little subsistence for health and decency, that denied that most poverty was caused by economic rather than personal factors. In the past century, England's poor-relief legislation has undergone numerous liberalizing changes and in the last quarter century,} Parliament has enacted many social security measures such as old age, health, disability, and unemployment insurance.

{As a result of the depression of the 1930's, Congress passed much "New Deal" legislation concerned with the "common man." The various work relief and housing programs, the Social Security Act with its unemployment and old age insurance and various assistance provisions, the Wages and Hours Law, the Fair Labor Standards Act are all attempts to give a decent deal to the poor person who cannot work or to the working person who cannot always fairly compete with the forces of great wealth. The national government was forced to inject itself into the relief and social-security picture because state poor-relief laws stemming from Elizabethan legislation were so inadequate. Even today most of these laws have not been materially modified so as to benefit those poor persons ineligible for one or another of the special categories of assistance included in the federal laws.⁶}

{Since the dawn of civilization, charity and mutual aid have characterized relations between men.} With the birth of Christianity, a new emphasis was placed on the Christian's duty to serve his fellow-man and his God by the performance of good deeds. {Characteristic of the Middle Ages was feudal organization within which every man owed responsibility and allegiance to some other man, the lord finally being responsible only to his king. The Catholic church was the primary charitable institution, and for centuries the poor person, not provided for by his feudal master, was cared for by the resources of the church. With the breakdown of the feudal system and with

⁶ Helen I. Clarke, *Social Legislation*, Part III, New York: D. Appleton-Century Co., Inc., 1940.

the resultant increased misery, the resources of the church were inadequate and had to be supplemented by tax-supported agencies which in turn and in time became the primary resources for these purposes.)

(By the nineteenth century all relief services whether public or private, were administered within a theoretical economic framework of *laissez-faire*.) As a result of the prevailing economic ideas which contributed to poverty and human suffering, many small agencies sprang up to relieve the distress of some particular group of persons. Nineteenth-century England saw the mushroom growth and early death of little agencies giving coal or food or clothes to some small number of persons in a particular neighborhood or area. Many of the supporters of these welfare agencies were of the Lady Bountiful type who had only a transient interest in the "poor unfortunates" and no interest at all in the conditions producing their misfortune. There was, of course, very little inquiry into the facts of each particular person needing help and no pooling of information as for example, between agencies. Consequently much unwise service was rendered, including a great waste in the dispensation of foods and money and much duplication of effort.)

(Charity Organization Society Movement. Into this situation in 1869, the London Charity Organization Society was projected. Not long before a similar development which had its influence on English thought and action had taken place in Germany. The German development traces back to the reorganization of relief work in 1788 in Hamburg. With some modifications this plan was adopted in Elberfeld in 1852. The principles upon which the scheme was built include:

1. Individualization of treatment of needy persons accomplished by dividing the city into small areas or quarters with a few poor people under the supervision of one volunteer, the keeping of careful records, and regular home visits.
2. Grouping of quarters into districts with a superintendent at the head of each and a central administrative board composed of municipal officials whose duties were the supervision of the relief work of the entire city.^a

It was characteristic of the Elberfeld scheme, as it subsequently was of the London COS, that individualization was primarily concerned with investigation to prevent unnecessary demands for relief rather than with treatment to build up family integrity and morale.

^a Stuart Queen, *Social Work in the Light of History*, Philadelphia: J. B. Lippincott Co., 1922, p. 104.

The immediate cause of the new attempt in London to deal with the centuries-old problem of poverty was the great distress in the East End of London in the late sixties. The poor rates were jumping by leaps and bounds and vast sums from private pocketbooks were being spent to little purpose.⁷

The launching of the new organization and its early success can be understood only if we appreciate the rôle played by the great English universities in the social thought of the times. Poverty, its causes and cures, was freely discussed in classrooms and studied in the slum areas. Teachers and students contributed their influence to achieving social reform. We saw in Chapter II that Toynbee Hall grew out of university influences. So, too, did the COS which was organized by alert and informed university persons disturbed by the suffering of London's great East Side.

Thomas Chalmers (1780-1847), a clergyman in the parish of Glasgow, observed the workings of the English poor law and conducted an experiment in relief administration without the aid of public funds. He concluded that: (1) the tests or investigations provided by the poor law failed to differentiate between those actually needing help and those imposing on the public; (2) the remedies provided by the poor law not only did not remove distress but tended to create a pauper class; (3) there was an invisible fund from friends, relatives, neighbors, and church that could be used for those actually in need which would render unnecessary the enormous drain upon the public treasury; (4) much poverty was due to improvidence and ignorance. He proposed several changes in the relief system: (1) use of more careful and scientific investigation; (2) discontinuance of public funds for outdoor relief; (3) more education for the poor. These lines of thought, sometime after Chalmers' death, were revived by a number of his followers and became the core of the new organization, the COS, whose interested backers comprised such persons as the Earl of Shaftsbury, Charles Bosanquet, Cardinal Newman, William E. Gladstone, Octavia Hill.⁸

The organization began without funds but with clear ideas as to its purposes. They were "to give a definite aim to and to direct into the most effective channels, the large amount of benevolent force at work in England and particularly in London. . . . The new

⁷ Frank Watson, *The Charity Organization Movement in the United States*. New York: The Macmillan Co., 1922, pp. 53-63.

⁸ Philip Klein, "Social Case Work," *Encyclopedia of Social Sciences*, Vol. 14, p. 173.

organization believed . . . in developing all possible substitutes for relief, but it found another and more immediately pressing task thrust upon it. Substitutes for relief could gain no foothold so long as relief itself in large quantities continued to be poured out, without plan or purpose or inter-communication, by agencies both religious and secular, both public and private."⁹

In other words this new agency sought to correlate the work of many relief-dispensing agencies, to abolish or diminish outdoor poor relief, and to mediate between client and the possible sources of relief. Its methods included: (1) the organization of a central steering committee and district committees all over London, a modification of the Elberfeld district system; (2) registration of all applications for relief by the many relief agencies at the district offices of the COS; (3) careful investigation from the district offices of all applications; (4) adequate relief when given; and (5) great concern with such community conditions as housing, health, education, wages.

In the main, the organization of relief for that distress not attended to by the poor-relief officials was the interest of the London COS. Charles S. Loch was the distinguished first general secretary. He once described organized charity as "love working with discernment."¹⁰ Octavia Hill was one of the notable first district secretaries. She had great influence on many young social leaders including Henrietta Barnett and Beatrice Webb of England and Mary Richmond of the United States.

The first American city to introduce a COS was Buffalo. The Rev. Mr. H. S. Gurteen, an English clergyman formerly associated with the London COS, moved to Buffalo shortly before the 1873 financial crisis. Public relief was most inadequate and private relief was badly administered. He saw the results of the great abuse of prevailing charity methods which led to duplication in relief-giving and which encouraged the development of impostors and dependency. In 1877 Mr. Gurteen launched the Buffalo COS.

Like the London COS, the new organization followed the district plan of organization with offices in each. Each area had its district committee originally composed entirely of men and a corps of friendly visitors. It administered no relief funds of its own. It sponsored and promoted other activities such as a *crèche*, a woodyard, and improved conditions of work among the grain shovellers. In the short period

⁹ Watson, *op. cit.*, p. 60; Mary Richmond, "What Is Charity Organization?" from *The Long View*, New York: Russell Sage Foundation, 1930, pp. 131-146.

¹⁰ Watson, *op. cit.*, p. 36.

of six years, twenty-five cities set up similar charity organization societies which before long were themselves actually administering relief. Today not many organizations stemming from the COS retain that name. They are more generally called Family Service Societies, a more accurate description of their purpose, because the relief function has been almost entirely eliminated.)

EVOLUTION OF SOCIAL CASE WORK

Out of the beginnings of mutual aid, Christian charity and its formalization by the Catholic church, Elizabethan poor relief, chaotic relief administration by the many private-relief agencies, and rising humanitarianism with its concern for the welfare of the individual, came the Charity Organization Society and its immediate offspring, case work. It is our task now to show the growth in the case work method and the streams of thought which have gone into its formulation.

Undoubtedly the greatest contribution of the charity organization movement has been the development of what has come to be called social case work, which, reduced to its lowest common denominator, is the study and treatment of the needs of an individual or family asking for or requiring help. The social case work of today concerned with personal and social adjustment, is a far cry from the individualization processes of the latter half of the nineteenth century when the charity organization societies were mostly interested in the relief of destitution.

Case work has gone through several discernible stages. For purposes of description we shall term them: (1) the exploratory and disciplinary, (2) the sociological, (3) the psychological, (4) the synthetic or integrated. Let us discuss each.¹¹

The Exploratory and Disciplinary Stage. Included in the economic philosophy of the nineteenth century were the beliefs that: (1) business must be left free of governmental interference so that a maximum of profits may accrue; (2) most poverty is the result of shiftlessness, irresponsibility, character defect and not of external economic conditions. [The social reformers or humanitarians who participated in the formation of the charity organization and settlement movements pretty generally believed in the prevailing system of free competition.

¹¹ See Helen Witmer, *Social Work. An Analysis of a Social Institution* for excellent history of the development of social case work especially in Chapters VII, VIII, IX.

They felt, however, that the wealthy had a responsibility to the poor and that alleviating services should be made available to deal with the slack of the capitalist system. They did not think in terms of fundamental economic changes, but they were vitally interested in better environmental conditions such as improved housing and increased medical facilities. If unemployment and inadequate income were associated with drunkenness, laziness, ignorance, bigotry, dishonesty, crime, horrible filth, a minimum of relief should be given. If poverty was associated with old age, deformity, ill health, death, infancy, generous and adequate relief should be given.] They saw little correlation between the economic system and deficiencies of personality and character. They retained a punitive attitude toward "chronics" or "paupers."

Many social workers of this period believed that the first group of persons, the unworthy poor, should be provided with what financial assistance they could get from poor-law officials, preferably in almshouses with their methods of repression and scanty relief. The second group, the worthy poor, should be cared for through the resources of private agencies which would see that more generous relief was provided and that friendly visiting was furnished. "Not alms but a friend" became the slogan of charity organization societies.

[This point of view was presented in 1890 by Josephine Shaw Lowell, founder of the New York Charity Organization Society, to the then National Conference of Charities and Corrections in a paper entitled "The Economic and Moral Effects of Public Outdoor Relief." So prevalent was the belief in the early days of the COS movement that public assistance should be administered on a niggardly basis to the "unworthy" poor and that more adequate assistance should be given by private agencies to the "worthy" poor, that when the depression of the '30's struck there were several communities in the United States with no public outdoor relief agencies. Such cities had private relief organizations and public indoor services. Private agencies, of course, were inadequate to handle the tremendous volume of depression unemployment. Not until federal relief agencies were created was there anything approaching adequate resources for handling the needs of the millions of unemployed.]

[Looking backward at the early COS movement, it seems that the first workers were motivated by desires to:

1. Deal kindly but firmly with individuals in need, primarily the self-respecting and "worthy" poor, the public agencies to deal with others by repressive methods.

2. Reduce duplication in relief administration as between agencies.
3. Conduct careful inquiries into the extent of personal needs.
4. Help people with certain types of personal problems contributing to poverty such as sickness, and to deny help to others who were lazy, intemperate, extravagant.
5. Give their time and effort without remuneration to the alleviation of suffering and to the diminution of extravagant relief administration.]

The Sociological Stage and Mary Richmond's Influence. As charity organization societies gained experience in dealing with the "worthy" poor, it was natural that they should hunt for causes and remedies. Workers attempted classification both of problems and treatment. There was much talk about: (1) types of problems such as drunkenness, illegitimacy, immorality, desertion, crime; (2) types of causes such as low wages, sickness, inadequate housing, parental degeneracy; and (3) types of treatment such as relief, friendly visiting, aid in securing medical services and employment, child placement, encouragement in thrift and wise spending. If a specific *cause* could be found, a definite type of *treatment* could be applied. Workers were looking for formulas.

[At the time the COS movement started, the social and biological sciences had relatively little to contribute to the understanding of human beings, their motivation, and their environment. As sociology, economics, psychology, biology, produced bodies of applicable knowledge, COS workers integrated them into their theories and practices. If we consider that the first twenty-five years of this individualization movement were devoted to experimentation with method, we can say that the next twenty-five years up to the time of World War I were characterized by interest in the discoveries of allied professions and related sciences.] Case work in this period, which we choose to call the sociological and environmental period, dealt with individuals as types and superimposed more or less arbitrary treatment by type of case. Services were to be given with sympathy but as yet knowledge of personality and inter-personal relationships were sketchy. The case worker was looking mainly to the physical environment for the causes of distress with which he worked.

[In 1901, Mary Richmond then of the Philadelphia Society for Organizing Charity, presented a chart showing the environmental forces influencing the family: family forces, private and public-charity forces, personal and neighborhood forces, civic forces. There was lots of discussion of neighborhood and civic improvement, old-age and widow's pensions, child labor, promotion of health measures. Along with the effort to analyze and control the causes of human

misery on the environmental side, were sporadic efforts to understand the individual, but the scantiness of psychological knowledge limited the results.)

Mary Richmond, whose contributions to the professionalization of social case work have been so great, conceived the primary function of social case work to be helping with the development of personality, largely through an analysis of the social situation and by its modification. In *Social Diagnosis* published in 1917, Miss Richmond presented the first careful formulation of case-work principles and methods. Essentially the book reflects a sociological as contrasted with a psychological point of view although law, history, philosophy, medicine, psychology, sociology all contribute to her approach.

MARY RICHMOND'S INFLUENCE

(Before further analyzing Miss Richmond's thesis, let us briefly introduce her as a personality. Mary was born in Illinois in 1861, although her parents who came from Baltimore, soon returned to that city. Her father and mother both died young of tuberculosis leaving Mary to be brought up by a grandmother and an aunt who were far from well-off. They were both interested in causes, so very early Mary was exposed to spiritualism, woman's suffrage, racial problems, anti-vivisection. She did not go to school until she was eleven although she read at an early age and was all her life a prodigious reader. After finishing high school at seventeen, she went to New York to join her aunt who was employed as a proofreader by a publishing concern. Mary obtained clerical work with the same firm and taught herself shorthand at night.)

(After some months the aunt had a physical breakdown and returned to Baltimore where for the balance of her life she was chiefly dependent upon her niece. This was a bitter period for Mary Richmond. She was badly nourished and poorly clothed; she had few friends and little money. She became ill and her doctor feared tuberculosis. She was unable to take a rest, but she moved to Brooklyn so she could do breathing exercises on the ferry. On top of this she contracted malaria and finally had to leave New York and return to Baltimore. By 1881 or 1882, she was working as a bookkeeper in a stationery house in Baltimore where she stayed till 1888 and then went to work as a clerk in a family hotel. She found friends in the Unitarian Church where she taught a class in Shakespeare. She was active also in a literary club.)

{ Eventually Miss Richmond tired of her uninteresting job. She couldn't teach because of her faulty education, so what could she do? In 1889 she chanced upon a newspaper advertisement; the COS of Baltimore wanted an assistant treasurer. She went after the job, got it, and immediately plunged into the work which seems to have been a combination of financial secretary and director of publicity at \$50 a month. Here she came into contact with Zilpha D. Smith, the general secretary, who became her inspirer, teacher, advisor, and friend. Miss Richmond immersed herself in the policies and objectives of the young organization. When in 1891 the agency needed a new executive-secretary she was selected for the position. From that date until her death in 1928 she did more than any single person to make a professional activity of social case work.)

(In 1899 she left Baltimore for a similar position in Philadelphia. In Baltimore she had learned to be an able agency executive; in Philadelphia she became a community leader and teacher although not at the expense of the case-work standards of the agency. In 1905, as a result of her practical experience in the mechanics of her job, she became editor of the field department of the magazine, *Charities*. This experience from 1905 to 1909 made her a national figure in the charity-organization field so that, when in 1909 the Russell Sage Foundation (created in 1907) took over the work of the field department of *Charities*, and set up the Charity Organization Department, Miss Richmond was appointed its director.)

(Very shortly she undertook her first piece of research, a study of widows known to charity organization societies. Sentiment was running high at the time over the respective merits of public assistance for widows, or for what today is aid to dependent children, and of private relief. She feared that the public program would do more harm than good because it would likely employ politically-appointed workers and so opposed the enactment of state legislation in this field. She entered into another major controversy some time later when she opposed the rapid expansion of financial federations or community chests. She was afraid of "big business" in social work.)

(Miss Richmond participated in the teaching activities of the New York School of Philanthropy (later the New York School of Social Work) and served on the Committee on Instruction. The educational enterprise which she most loved was the Charity Organization Institute which she conducted annually from 1910 to 1922. At these institutes practicing case workers in the charity-organization field were invited to spend one month at the Russell Sage Foundation discussing

their common problems. The method was seminar, committee, research. Her outstanding achievement with the Russell Sage Foundation up to 1917 was the writing of *Social Diagnosis* for which she had begun gathering materials as early as 1902. This book is the first formulation of the theory and method of social diagnosis upon which ~~treatment must rest.~~

(From 1919 until her death perhaps her greatest interest was the study of the administration of marriage laws in the United States. Detailed plans for such a study were made in 1920 and eventually resulted in the publication of several books. This interest came about as the result of her staunch belief in the values of the family as a social institution.)

(Mary Richmond, different from Jane Addams, was not a pacifist in World War I although her sympathy with the conscientious objector was keen. She believed that since the country was at war, we must win and each person must contribute according to his ability. She was eager that case-work skills be made available for the families of soldiers and sailors and coined the name *home service* for this work undertaken by the Red Cross. She also prepared a *Manual of Home Service* and collected material to be used in the training of volunteers.)

In 1922 she published her little book *What Is Social Case Work?* in which she gives her often quoted definition "Social case work consists of those processes which develop personality through adjustments consciously effected, individual by individual, between men and their social environment,"¹² Some of her students prefer another one: "Social case work may be defined as the art of doing different things for and with different people by cooperating with them to achieve at one and the same time their own and society's betterment."¹³ (Although the development of personality was Miss Richmond's goal, it was not long before her formulation of methodology seemed naïve with the pouring in of new materials from psychiatry and psychoanalysis.)

(The last task Miss Richmond undertook with her colleagues was to propose and to work out plans for the celebration of the fiftieth anniversary of the charity-organization movement. Through her influence the emphasis was not a review of past achievements but an examination into the state of family life in America today. The words for the motto of the meeting and subsequently of the Family

¹² Mary Richmond, *What Is Social Case Work?* New York: Russell Sage Foundation, 1922, pp. 98-99

¹³ Mary Richmond, "The Social Case Worker in a Changing World," from *The Long View*, New York: Russell Sage Foundation, 1930, p. 374

Service Association of America, as it is called today, were hers: "Light from hand to hand; life from age to age."]

[The paper which she gave at this 1927 conference in Baltimore was entitled "The Concern of the Community with Marriage." In it she combined her interest in social movements and in professional techniques. Her final words which have been called her *ave atque vale* (hail and farewell) follow:]

[In any new social reform, social case work is likely to come in at two important stages. It precedes the large concerted movements and prepares the way for them by bearing faithful witness to the pressure of bad conditions upon individuals and families. But later, it is equally serviceable in applying the new legislative and administrative measures in detail; especially in the initial stages can it bear an important part in helping to make these new measures workable.]

[If I were going on a long journey and not likely to come back, I think my very last words to my colleagues in family social work, with whom I have had so many good times, would be these: study and develop your work at its point of intersection with the other services and social activities of your community. Learn to do your daily tasks not any less thoroughly, but to do them from the basis of the whole and with that background always in mind. After all, society is one fabric, and when you know the resources of your community both public and private, and the main trends of its life rather than any particular small section of it, you are able to knit into the pattern of that fabric the threads of your own specialty. There are eddies and flurries, not to say crazes. Disregard them and let your minds carry through to the practical next steps by which genuine social advance is achieved.¹⁴]

[Although she was a sick woman, Miss Richmond gave her last public address and received her last public expression of appreciation. In the next year, 1928, she died of cancer and was buried in Baltimore.¹⁵]

[Were there time and space it would be interesting to make a detailed study of the respective contributions of Jane Addams and Mary Richmond to social work. Probably no two persons in the United States had greater influence on two of the main streams of social work—social reform and technical social work. One writer has said that the greatest contribution of Miss Addams was as social reformer, philosopher, and inspirer and of Miss Richmond as teacher and transmitter of method. Both were interested in research and experimentation and in a more democratic world. The one achieved her goal primarily as an international citizen; the other as a spe-

¹⁴ Mary Richmond, *The Long View*, p. 615.

¹⁵ The material for this biographical sketch was taken from the editorial notes of Joanna Colcord in *The Long View*.

cialist within an emerging field. Which contribution is more important? Who can say? ¹⁶)

(Let us return now to the specific contributions which Miss Richmond made to case-work theory and methodology through her writings. Every case-work student will sooner or later read Miss Richmond's two most significant books on social case work. Only by so doing can justice be done to the scholarliness and clearness of her thinking.) An excellent summary of her point of view can be found in Miss Robinson's *A Changing Psychology in Social Case Work*.

We have already seen that the first approach to case work was repressive and disciplinary, poverty and disease being the two main problems dealt with. The second period under discussion focused attention on types of problems and persons for whom authoritative social treatment could be prescribed. Miss Richmond in *Social Diagnosis* widened this line of thinking and emphasized the need for careful social diagnosis if the individual's relations to his environment were to be understood, environmental change accomplished, and personality adjustment achieved. Along with the interest in environmental factors and in social diagnosis, so adequately presented by Miss Richmond, was emerging an intensive interest in the client himself, in his attitudes, his emotions, his psychological experiences and relationships, and their meaning to him. Miss Richmond was concerned with personality, but her focus was the person in his social or physical environment rather than with individual psychology and interpersonal relationships.

In her chapter on "The Underlying Philosophy" in *Social Diagnosis*, Miss Richmond said: "This diversity of man's life is made clearer on its mental side and in its relation to our subject (social diagnosis) by certain concepts of modern psychology. Two of these, in fact, may be said to constitute the underlying philosophy of social case work; they explain the necessity for its continuing survival in some form. The first relates to the fact of individual differences, the second to the theory of the 'wider self.' " ¹⁷

(A combination of this philosophy with the techniques described in her book would, she believed, make possible the task of intelligently analyzing and helpfully treating individual situations. Those techniques include an understanding of the processes of investigation including the first interview and the use of many collateral resources

¹⁶ Ruth Z. S. Mann, "Jane Addams—Mary Richmond," *Alumni News Letters of New York School of Social Work*, January, 1942.

¹⁷ Mary Richmond, *Social Diagnosis*, New York: Russell Sage Foundation, New York, 1917, p. 367.

such as relatives, employers, doctors; the nature and uses of social evidence; the weighing and comparing of evidence.)

[All this involved securing a careful and detailed social history. The person must be dealt with sympathetically but Miss Richmond had little understanding of the effect of emotions upon behavior and personality organization. It remained for successors to study the contributions of psychologists, psychiatrists, and psychoanalysts, and to relate their findings to the behavior of clients.]

[Many case workers steeped in Miss Richmond's point of view misused or over-used her theories. Not so very many years ago, the author had contact with an executive of a family agency who insisted that in the first interview with a client full "face sheet" or factual information be secured regardless of problem, that every available collateral resource be interviewed before a plan was formulated, and most absurd of all, that all documentary evidence be secured including a corroborated birth date of every child in every family! This worker, of course, was carrying to absurdity the theory that accurate social diagnosis can occur only if a minutely-detailed social history is obtained. Perhaps just as absurd and unreal was the exaggerated emphasis on human behavior and its motivation, which followed close upon Miss Richmond's formulation of theories.]

Before passing on to the characteristics of the next period let us summarize what seem to be the contributions to case-work practice and theory of this second period stretching from the latter part of the nineteenth-century up to World War I:

1. Interest in the causes of human distress conceived of as deriving from the social situation or physical environment.
2. Interest in the family as the social unit having most importance in the development of human adjustment but with little appreciation of the nature of psychological interactions within the family.
3. Efforts to find the most scientific way of doing things and the development of a methodology for social diagnosis.
4. Belief that most people will make adjustments to life if their environment is favorable. If it is unfavorable, the social worker has the function of removing or of having removed the disrupting conditions.
5. Interest in the effects of social environment upon human personality but without much understanding of causation and mechanisms of behavior.
6. Belief in the values of friendly contacts and their effects upon personality but with little awareness of what in the next period was so energetically studied—psychological relationships and the dynamics of interaction.

(See end of next chapter for Exercises and Bibliography.)

Chapter IV

SOCIAL CASE WORK (Continued)

THE PSYCHOLOGICAL STAGE

(Let us turn our attention now to the psychological stage of social case work which lasted some ten years, from the end of World War I up to the 1930 depression. Miss Virginia Robinson in discussing "After Social Diagnosis" wrote, "The entrance of the United States into the war in 1918 brought new and upsetting influences to bear on a philosophy and procedures which might otherwise have crystallized around the organization and point of departure which 'Social Diagnosis' offered." ¹ The new clients, families of soldiers and sailors, were often unaccustomed to asking for financial assistance and many of them had acute emotional disturbances. Also in the children's field, where the unit of treatment is often the individual rather than the family, considerable attention was being given to the mental factors in the child's problem. Several children's agencies by 1920 were using psychological and psychiatric assistance in working with children.)

World War I gave an impetus to an interest already here, and provided a very special incentive for the application of psychological principles to new situations. (Social workers in the period of Miss Richmond's greatest influence were beginning to read psychological literature and to listen to its exponents. G. Stanley Hall's *Adolescents*, Havelock Ellis', *Studies in the Psychology of Sex*, the works of Forel, Kraft-Ebing, and others on the problems of sex were responsible for concentration of interest on that subject. Doctors William Healy, E. E. Southard, Walter Fernald, Adolf Meyer, Henry E. Goddard gave their attention to the problems of the high-grade feeble-minded and of psychopathic delinquents, to research, and to treatment of acute mental disease.)

{G. Stanley Hall introduced Freud to the United States when he brought the eminent psychoanalyst here in 1910. Translations of

¹ Reprinted from *A Changing Psychology in Social Case Work* by Virginia P. Robinson by permission of The University of North Carolina Press. Copyright, 1930, by The University of North Carolina Press, p. 33.

Freud's writings began to appear. Men like Doctors Bernard Glueck, Adolf Meyer, William A. White, and Smith Ely Jelliffe published articles of interpretation. Eminent psychiatrists, many of them very much influenced by Freud's ideas, generously shared their knowledge with social workers. For example, in the 1920 National Conference of Social Work Dr. Salmon indicated that an understanding of mental hygiene should be introduced into all social work, a little in all fields, and a lot in some.

[Many social workers kept their heads during this period and assimilated from the new body of knowledge what seemed appropriate to social work; others went "off the deep end" and became ardent disciples of some school of psychoanalytic thought. Unless this latter group could work intensively with emotionally disturbed persons, treating them by the methods of Freud, Jung, Adler, or some other eminent psychoanalyst, they did not think they were doing case work. To them it was not case work when relief was intelligently administered to a mother with dependent children or when medical care and decent housing were furnished a migrant family.) It was case work only when a long-time relationship between an emotionally disturbed parent or spouse and the social case worker was carried on. The interview through which treatment took place attempted psychoanalytic techniques. Modification of the social environment with its influences upon behavior was practically rejected as a treatment method. For such workers treatment occurred through direct relationships of emotionally disturbed person and worker. This was often called attitudinal therapy. In other words, these workers were pseudo-psychoanalysts.

[Fortunately only a limited number of social case workers felt that their function was a diluted form of psychoanalysis. The greater number realized that many of the new psychological principles had values for social case workers as case workers, and not as inadequate practitioners of another profession. Even if the basic good sense of most case workers had not kept them from being psychological fanatics, the oncoming depression would have brought them to earth with a thud. Millions of unemployed persons needed relief. Most of them had never known a social agency before. They wanted adequate relief administered in a matter-of-fact and considerate manner. They did not want intrusion into their private lives and hidden emotions. The economic crisis of the '30's pushed the exaggerated psychological point of view of some case workers into an inconspicuous corner.]

[At the same time the new psychology had far-reaching and whole-

some effects upon emergency-relief administration. For one thing it taught workers in the relief field that the insecurities of the unemployed were both economic and emotional, and that those emotional disturbances growing out of the economic situation could not be dispelled until financial worries disappeared. In other words, by the time the depression arrived, many influential case workers had digested much of the new psychology. Among the principles which had become theirs were:

1. All individuals have an "inner" and an "outer" life which interact.
✓ How people *feel* about their situation is perhaps more important than the situation.
2. All behavior has a history, the theory of determinism in psychic life.
3. ✓ Most behavior is not intellectually but emotionally motivated and is symptomatic of emotional needs.
4. The family is a unit of interacting personalities and has the most important effects of any institution upon the degree of personality integration.
5. ✓ Treatment of emotional difficulties is facilitated by understanding the history of the onset of the disturbance which may occur in infancy or early childhood.
6. Treatment of emotional problems can be effective only in case the person who is emotionally disturbed wants it.
7. Treatment of emotional problems is facilitated by the worker-client professional relationship; clients differ greatly in their capacity to use it.
8. *Professional relationship* means that the case worker accepts the client, does not project his own need to punish, accuse, apologize, sentimentalize upon him, identifies with him without losing his own identity, and hence works constructively both with environmental problems and with how the client feels about his problems.
9. Successful treatment of concrete or other problems and intangible or inner problems, depends largely on how the client utilizes his own resources—the principle of self-determination.

The result of the absorption of these principles into the theory of social case work was a gradual modification of practices. Several things took place:

1. The worker placed less emphasis on history-taking as such and more on getting only that information essential to understanding the indicated problem.
2. The worker became more objective in understanding his own biases and hence more detached in his relations with his clients.
3. The worker became less antagonistic and punitive in his relations with clients whose aggressive reactions he understood.
4. The worker became more analytical of his legitimate functions and consequently he more readily delimited the areas of his own and his agency's services.

THE GENERIC OR SYNTHETIC STAGE

(Even during the period of the '20's when psychological influences upon social case work were so great, there was a group of workers attempting to clear up some of "the confusion, uncertainty, and lack of precision which characterizes much of our thinking about social case work and our practice." ² In October, 1923, seventeen executives and board members from six national organizations in the social case-work field met at Milford, Pennsylvania, to define the several fields of social case work—medical, psychiatric, family, children's, school, probation. The discussion made it clear that the group was not then able to define social case work so as to distinguish it sharply from other professional activities nor to describe the separate fields of social case work so as to distinguish each from the other.)

(At subsequent sessions of the "Milford Conference", as it was called, these same subjects were considered. The most important result of these discussions was the conclusion that there is such a thing as generic social case work. However, just what it was, the group could not yet clearly define. At the 1925 meeting of the conference a committee of five was appointed with Porter Lee, then director of the New York School of Social Work, as chairman. The assignment of the committee covered four points: (1) What is generic social case work? (2) What is a desirable basis for a division of labor in social case work in a local community? (3) What is a competent agency for social case work? (4) What constitutes training for social work? In 1928 the Milford Conference accepted the report of this committee which attempted to answer these four questions. It is the answer to the first question with which we are here concerned.)

The ^{Milford} conference agreed that the content of generic social case work can be conceived of as embodying eight aspects. The characteristics of basic social case work as described by the report are the same today as they were then, hence a brief digest of them follows:

1. Knowledge of typical deviations from accepted standards of life. "Social case work," said the report, "deals with the human being whose capacity to organize his own normal activities may be impaired by one or more deviations from accepted standards of normal social life" ³ of which the following are typical:

² *Social Case Work, Generic and Specific*, New York: American Association of Social Workers, 1939, p. 5.

³ *Ibid*, p. 16.

Alcoholism	Illiteracy
Bad housing	Instability
Bigamy	Insufficient wages
Casual Labor	Mental Ill Health
Crime	Truancy
Family Antagonism	Unemployment
Family Dependency	Unprotected Childhood

The most significant contribution of social case work to society is not its ability to deal with parental neglect, illiteracy, mental defect, physical handicaps, pauperism, and other items on the foregoing list, but its increasing ability to deal with the human being's capacity for self-maintenance when it has become impaired by these and other deviations from accepted standards of normal life.⁴

2. The use of norms of human life and human relationships. "Concepts of desirable social activities in individual lives are based upon certain norms of human life and human relationship." Without a use of norms purposeful activity is difficult.

Among the norms for social case work are those associated with:

Aesthetics	Nationality
Education	Parenthood
Family	Personality
Food	Recreation
Health	Sex
Home	Social behavior
Justice	Voluntary association
Marriage	Work

{ The word *norm* has different meanings. It may connote a type of pattern or an average, or it may mean a standard which has been formulated by an individual or group. For example, the *normal* or *typical* or *average* behavior, for a given nationality group, may be beer or wine-drinking of infants; or for a particular neighborhood, church attendance on Saturday instead of Sunday. The *standards* of employment, of food habits, of family relationships of a given client, or of a case worker, or of an agency, or of a community may easily differ. }

3. The significance of social history as the basis of particularizing the human being in need. Particularization of human beings with problems is achieved by the social case worker in large measure through the case history. The content of histories varies from client to client, (and between agencies) but there is much that is common to all.

⁴ *Social Case Work: Generic and Specific, op. cit.*, p. 17.

4. The use of established methods of study and treatment of human beings in need. In order to assist the individual to develop his capacity to organize his own normal social activities, social case work makes use of such methods as:

Adoption	Participation
After-care	Planning
Analysis	Prognosis
Case decision	Reeducation
Commitment	Refer ✓
Diagnosis	Relief allowances
Evaluation	Supervision
Interviewing ✓	Transfer
Investigation	Transportation
Observation	Treatment
Organization	Use of Documents

5. The use of established community resources in social treatment as:

Churches	Public departments
Courts	Schools
Industry	Social agencies
Insurance societies	Social legislation
Medical agencies	

6. The adaptation of scientific knowledge and experience to the requirements of social case work from the following:

Biology	Medicine
Economics	Psychiatry
Education	Psychology
Law	Sociology

7. The consciousness of a philosophy which determines the purposes, obligations, and values of social case work. [Such questions as the following require answers:

- a. What are the client's rights as an individual?
- b. What are his obligations to his family?
- c. Under what circumstances is it good to try to maintain, or to attempt to break up, a family?
- d. Is coercion ever justified?
- e. How far should social environment be altered in the interest of the sick or unadjusted person?
- f. Is the social case worker responsible for law enforcement?

8. The blending of the foregoing into social treatment. The ultimate goal of the social case worker is to develop in the individual

the fullest capacity for self-maintenance in a social group. To do this, three fundamental processes are involved: (1) Use of resources, (2) assisting the client to understand his needs and possibilities, (3) helping him to develop the ability to work out his special problems through the use of available resources. Proximate goals may involve restoration of health; reuniting of parents and children; avoidance of divorce; elimination of debts; diminution of antagonism between step-parent and child. The case worker must be careful not to assume too many responsibilities for the client nor to set the goal too far away; he must gauge tempo and ability. Participation, not domination, on the part of the case worker is a basic psychological treatment principle but in the words of the report, "The philosophy of participation is more easily understood than is the method of achieving it." At the point of relationship or contact with client, the case worker is challenged to be his best "professional self." Mr. Lee elsewhere makes the distinction between dominating and sharing techniques when he talks of executive and leadership treatment processes.

[Since the publication of the Milford Conference Report in 1929,] numbers of books on case-work theory and practice have been published. [In general, their contributions have been elaborations of some aspects of social case work rather than the introduction of new ideas.] For example, Fern Lowry, in 1938 presented the structure of her theory in two *Social Service Review* articles and in 1939, edited *Readings in Social Case Work, 1920-1938*. In 1939, Florence Hollis brought out *Social Case Work in Practice*. In 1940, Gordon Hamilton published *Theory and Practice of Social Case Work*. In 1941, Charlotte Towle released *Social Case Records from Psychiatric Clinics*. [Each writer makes his own formulation of the principles of social case work but no distinctly new approaches have been presented since the Milford Conference Report.]

Such a statement of the characteristics of generic social case work as that we have just summarized helps break down the barriers between the various fields of social case work. Regardless of what agency setting a social case worker performs in, he is a case worker. Then too, psychiatric case workers under these definitions cannot conscientiously remain aloof and superior. Relief case workers and psychiatric case workers, performing in different agency settings and dealing with different problems, have the same objectives and often use many of the same methods. Introductory training is the same for all social case work; specialization comes only after good orientation. The same is true in law and medicine and all the other professions.

PORTER LEE'S INFLUENCE

We have already indicated that the contributions of Porter Lee to the formulation of the content of social case work are significant. From 1903, when he graduated from Cornell till 1909, he was assistant secretary of the Buffalo Charity Organization Society and from 1909 to 1912 general secretary of the Philadelphia Society for Organizing Charity; he followed in the footsteps of Mary Richmond. In 1912 he became an instructor at the New York School of Social Work and its director in 1917, an office he held till 1940 when he died at the age of sixty-one.⁵

To many people Mr. Lee exemplified the ideal case-work personality. In all of his relationships, whether with client, student, colleague or friend, he was warm and understanding. Some of his personality characteristics can be gleaned from a letter written in 1936 to a Wisconsin student writing a paper on Mr. Lee's contributions to social work as teacher and critic.

I have read your pleasant note of the 30th with appreciation tinged with some small measure of embarrassment. I am afraid my career has lacked those spectacular qualities which seem to result in such matters finding their way into print. So far as I know the brief sketch which appears in *Who's Who* is the only material in print that lists the highlights of my professional and personal relationships.

I have temperamental interest in college undergraduates and should be glad to be of some service to you, but I have always found it an uncongenial task to try and list significant items in my life and particularly when the reason for doing so is the assumption that somebody else might be interested in reading it.

I can tell you that I have always attached great value to my association with four different leaders in social work. I studied as an undergraduate at Cornell under Frank A. Fetter who was then professor of economics, but whose course in the methods of modern philanthropy focussed my attention upon social work. Prior to going to college I had, under the influence of Dr. Samuel Van Franken Holmes, pastor of the Westminster church of Buffalo of which I was a member, developed an interest in settlement work at Westminster House, which Dr. Holmes had established in Buffalo. After graduating from college in 1903 I was associated for six years with Frederick Almy in the Charity Organization Society of Buffalo and have always regarded my relationship with him as the most important single factor in my education. I succeeded Miss Mary E. Richmond as head of the Philadelphia Society for Organizing Charity in 1909 and have never lost my great respect for her leadership. In 1912, I came to the New York School of Social Work as a member of the faculty under the directorship of Edward T. Devine.

⁵ Edward C. Lindeman, "Porter R. Lee," *Bulletin of the New York School of Social Work*, July, 1940, pp. 18-20.

Never having had occasion to write this kind of letter before, I am somewhat at a loss to know what else to tell you. I am afraid my own candid judgment would not rate my contribution to social case work very highly. Whatever it has been, I am sure it has come about more as a by-product of my sustained interest in social work and the fact that I have never been able wholly to separate it in my mind from an interest in other human relationships, than in the zest with which I have pursued them.

As a teacher, I find myself wondering how in the world you are going to concoct out of all this a sociology paper which will meet the exacting demands of a college professor. However, I send you my best wishes for success and my real appreciation for the tribute implied in your topic.

Very sincerely yours,
Porter R. Lee⁶

Mr. Lee did not write a great deal, but among his few publications is a book of fifteen papers. It takes its title from the first paper, *Social Work: Cause and Function*, his presidential speech at the 1929 meeting of the National Conference of Social Work. This paper has special significance for those who think that the ideal of case-workers is "dead-pan" or "hard-boiled" or "passive" relationships with little or no injection of the friendly, personal and natural. Mr. Lee's name, like that of Mary Richmond, is associated with efforts to professionalize and define the boundaries of social work, but neither of them thought this meant sacrificing the simple human values. Liking for people, liking for the job, an enthusiasm that takes on the characteristic of a cause, are fundamental.

By *cause* Mr. Lee meant a movement directed to the elimination of an entrenched evil with the primary trait of its proponents being zeal. *Function*, on the other hand, implies an organized effort incorporated into the machinery of community life to which the community acquiesces and which it supports. Characteristic of function is intellectual activity and the development of skills. He pointed out that an outstanding problem of present-day social work is the development of its services as a function of well-organized community life, without sacrificing its capacity to inspire enthusiasm for a cause. He recognized that, although it is the desirable combination, seldom are the qualities of dynamic reformer and efficient practitioner combined in the same person. In view of this fact, the social worker who enthusiastically devotes himself to rendering a helpful face-to-face service and who is convinced that such a service has ultimate values, makes a greater contribution to social welfare than the zealous missionary. In his words:

⁶Letter from Porter Lee to a University of Wisconsin social-work student, May 9, 1936.

In the last analysis I am not sure that the greatest service of social work as a cause is contributed through those whose genius it is to light and hand on the torch. I am inclined to think that in the capacity of the social worker, whatever his rank, to administer a routine functional responsibility in the spirit of the servant in a cause lies the explanation of the great service of social work. This capacity is perhaps a higher qualification for leadership than is the ability to sway groups of men. According the fullest respect to our outstanding leaders of the past and present, we may nevertheless assert that social work never would have achieved its great service to mankind without its growing army of less conspicuous men and women who have seen no necessary inconsistency between *idealism and efficiency*. Its future, moreover, is largely in their hands.⁷

Mr. Lee apparently intended to encourage bottom-of-the-ladder case workers—to make them feel that they really contribute to the theory and methods of case work. But quite as important, he wished to dispel any idea that to be a good case worker it is necessary to assume stilted and artificial personality characteristics. He wanted social workers to control their naturalness and not simulate passivity! Although we may question his conclusion regarding the superiority of the contributions of the balanced technician over those of the balanced reformer, we appreciate his effort to give dignity and prestige to professional competence.

Porter Lee's greatest contribution to social work, particularly to social case work, is as teacher and stimulator of ideas. Many of the methods of teaching case work, as well as of the theoretical aspects of case work, have been learned by scores and hundreds of students in association with Mr. Lee. None could better purposely confuse students without antagonizing and none could more helpfully and inspiringly extricate them from their confusions. Mr. Lee was able to absorb and integrate knowledge from other disciplines into his theory of case work. The contributions of psychology and psychiatry found a place beside those of political science, economics, and sociology. He synthesized ideas into a new whole and so greatly contributed to the formulation of case work theory found in the Milford Report.

ILLUSTRATIONS OF TYPES OF TREATMENT

At this point we include the digests of three case histories for the purpose of illustrating first, the general aspects of social case work;

⁷ Porter R. Lee, *Social Work as Cause and Function*, New York: Columbia University Press, 1937, p. 24.

and second, the variations in treatment emphasis depending upon the clients' needs.⁸

The Case of Mr. S.—Environmental Treatment Emphasis. Mr. S., age seventy-two, applied for old-age assistance when his arthritis became so bad that he was no longer able to work. At the time of the first interview the intake worker learned that Mr. S. was a bachelor. He had spent most of his life working on his brother-in-law's farm. After the death of his sister and brother-in-law the farm was sold, and Mr. S. moved to town, where he lived at a men's boarding house. He was then in his late sixties. By doing odd jobs he was able to stretch his small bank account, and for a few years managed to remain financially independent. Finally his savings were nearly exhausted and his health was poor, so he was forced to apply for OAA. He was able to furnish proof of age and residence, and he fulfilled other eligibility requirements satisfactorily.

The regular worker who later called on Mr. S. to work out his budget and who called on him periodically thereafter found him to be a congenial old gentleman. He spent many hours of each day playing cribbage and always promised the worker that when she could spare the time he would teach her the fine points of the game. Although Mr. S. seemed to enjoy the worker's routine visits, he considered them purely social affairs and seldom had any requests or complaints. His monthly grant was sufficient to cover his needs and he asked for no more.

One day the worker was surprised to receive a telephone call from Mr. S. Quite hesitantly he inquired whether she ever drove to a nearby town in making her calls. When the reply was affirmative, he explained that he had recently heard that an old friend was confined to a hospital there with a serious illness. Mr. S. wondered if it would be too much of an imposition for him to ask the worker to take him along on one of her trips. She assured him that it would be no trouble at all and that she would enjoy his company. A few days later they made the trip together. Mr. S. was greatly pleased by the worker's consideration, and appreciated her efforts to make it an enjoyable afternoon for him.

Mr. S.'s wants continued to be few. Occasionally he requested authorization for a call at the doctor's office or for a bottle of prescribed medicine. In general he considered the worker a kind friend

⁸ Digests made by Mrs. Patricia Vance, a former case-work and group-work student at the University of Wisconsin, for a time employed in a settlement, at present employed by the Madison, Wisconsin, Family Service Society.

who was making it possible for him to receive financial assistance in a time of need.

The Case of Mary B.—Environmental and Relationship Treatment Emphasis. Mary B., age sixteen, was referred to the family agency a year ago by one of her teachers who felt that Mary's extremely boisterous and disturbing behavior, complete lack of interest in her studies, and general nervousness might be traceable to the situation in her home. Mary was the oldest of eight children, and she had told the teacher that she didn't get along well with her brothers and sisters or with her parents, who didn't like her as much as they did the other children.

Mary was a short, scrawny girl, poorly dressed, and even more poorly groomed when the case worker first met her. She was quite apprehensive, so the worker took considerable time to become acquainted with her and explain in simple, friendly terms that she would like to help her work out some of the problems that were troubling her at home and at school. After several interviews, Mary felt quite comfortable with the worker, and for the first time enjoyed being with someone who was completely understanding and non critical.

Little by little the worker gathered from Mary, her parents, and her teachers a more complete picture of the situation. Mary had long been given too much responsibility at home. Her parents had come to consider her as nurse-maid for the younger children, but failed to give her increased privileges as her responsibilities grew. Mary had rebelled against this treatment by staying out late when she was allowed to spend an evening with friends. For this she was punished and thus grew more rebellious. Month by month she came more and more to believe that her parents cared nothing for her, while at the same time Mr. and Mrs. B. felt that their daughter was growing more lazy and disobedient.

Mary was eager to leave home; her parents were glad to be rid of her, and thus, by mutual agreement, the worker began looking for a suitable home where Mary might work for her room and board while attending school. The W. home seemed to be an ideal place. Mr. and Mrs. W. were a pleasant young couple who needed help with their two small children. The worker discussed with them Mary's need for friendliness and acceptance and found them ready to give her these plus the supervision she needed. Mary met the family and liked them, so the arrangements were completed.

The day Mary and her belongings were moved to the W. home

the worker discussed with Mary and Mrs. W. such important subjects as dating, smoking, drinking, and the hours Mary was to keep. It was also decided how much of Mary's earnings she should have for spending money each week and how much should be saved for clothing and special occasions. This discussion helped forestall many possible disagreements.

Mary remained with the W's through the school year and on into the summer. Every other week she and the worker spent a couple of hours together. Sometimes they went for a long walk and talked over some of the things that were bothering Mary. It seemed good to her to be able to tell someone just how she felt about her parents or school or Mrs. W. or a dozen other things, and to feel that she was really understood. Gradually the worker helped her find an acceptable explanation for the way she and her parents thought of each other and Mary made occasional visits home without being unduly disturbed. Occasionally Mary and the worker went shopping for an item of clothing that Mary needed. Well-chosen additions to her wardrobe and frequent discussions about grooming wrought remarkable changes in her appearance.

While Mr. and Mrs. W. spent two weeks in the summer visiting relatives, the worker arranged for Mary to attend camp. Not only was this a welcome vacation and a new experience, but it gave Mary the feeling that although she was "working out," she did not have to miss all the good times that other girls had. Later in the summer the worker arranged for her to have much-needed dental attention and a tonsillectomy which her parents had never been able to afford.

By fall Mary was a much healthier, happier girl than when the worker first knew her. She felt secure and accepted in her new home and her attitude there and at school had improved. This change had been brought about, first, by the fact that she had been able to leave home and find a job where she was accepted and appreciated, and, second, by the fact that the worker had been able to help her learn to adjust herself more happily and easily to the life that was hers.

The Case of Miss R.—Direct Treatment Emphasis. Miss R., age twenty-two, first came to the family agency because she was desperately in need of foster-home care for her eight-months-old daughter, Ann. The woman who had rented her a room and had cared for Ann during the day while Miss R. worked had been taken seriously ill, and other plans had to be made as soon as possible since Miss R. could not afford to take time off. At that time Miss R. was reluctant to give any information other than the barest essentials. The worker

found an excellent foster-home for Ann, and although Miss R. seemed satisfied with it, she was suspicious and fearful whenever the worker talked with her.

For several months the worker wrote occasional friendly letters to Miss R. inviting her to come into the office to discuss Ann's progress in the foster-home, but the only response was an occasional telephone call assuring the worker that she was completely satisfied with the care Ann was receiving.

Through the foster-mother, the worker learned more about Miss R. From the very first she seemed over-protective of Ann. She paid the foster-mother five dollars a week more than the standard boarding rate and begged to be told if there was anything that Ann needed and didn't have. Every week she brought Ann a new toy and went without things she herself needed in order to make extravagant and unnecessary purchases for the child. During her visits to her daughter each Sunday, she spent most of the afternoon hugging and kissing the child until the foster-mother finally insisted this was not good for either of them, and suggested that Miss R. take the youngster out in her buggy or help her play with her blocks and ball.

One day the worker received a telephone call in reply to one of her letters. Miss R. said she would like to come to see her. When she arrived by appointment the following evening, she introduced herself by saying, "Now that I am here I really don't know why I came." The worker quickly helped her to feel at ease and soon Miss R. was describing Ann's latest antics.

Once the break was made, Miss R. came to the office quite frequently and of her own accord. She seemed to be feeling the worker out but eventually became convinced that she was sincerely interested in her and would be glad to help her in any possible way. Little by little she told the story of her unhappy childhood and her unfortunate love affair.

While she was growing up, Miss R. always knew her parents favored her younger and more attractive sister. They seemed constantly to criticize her; and when at the age of nineteen she became engaged to her high school sweetheart, they strongly disapproved on religious grounds. At her parents' insistence Miss R. and her fiancé postponed their marriage month after month. He was ultimately drafted, and shortly after he went overseas Miss R. learned she was pregnant. When her parents learned of her pregnancy, they were completely humiliated. They asked her to leave home at once, saying she had disgraced them and could from that time on live her own

life, do as she pleased, and take the consequences. Miss R. left and found a job in another part of the state. She remained there until after Ann's birth and then came here because job opportunities were better. She had never visited her parents since she left them. In the meantime Miss R.'s fiancé had learned of her pregnancy but was quite unsympathetic. Following Ann's birth he seldom wrote, and after his return from overseas Miss R. saw nothing of him. His attitude completely surprised and embittered her, and she became more and more unhappy and disillusioned.

For many months the worker saw Miss R. regularly and talked with her about her past experiences. It was then, when she had gained Miss R.'s complete confidence, that she was able to help her most. Gradually Miss R. came to accept her own feelings of hostility toward her parents as being natural in view of her experiences, and she no longer felt so uncomfortable about the fact that she really hated them. She was helped to see why she neglected her own needs in order to shower Ann with material things, and eventually realized this sort of self-punishment only harmed both of them. For a long time Miss R., insisted she could never remarry and again go through the ordeals of pregnancy and childbirth. But slowly she came to believe that not all men were as fickle as her fiancé and that if she were happily married, pregnancy, without shame and fear, might be bearable. She wanted to believe this because she hoped that someday Ann might have a father.

For several months Miss R. saw the worker occasionally and gained help in meeting many of the problems that beset an unmarried mother. She wondered what to tell Ann when she asked why she didn't have a daddy. Later she questioned the wisdom of renting an apartment and keeping Ann with her. Finally she needed the worker's assurance that, having found a dependable partner, marriage was a wise course.

SPECIALIZED CASE WORK

We have been describing case work in its generalized aspects. Case work like other professions has its specializations. (Medical and psychiatric case work, children's case work, probation and parole, school case work, case work performed in a recreation or church setting, are all case work and each must adapt to its institutional environment.) (The practice of case work or medicine in the city or in the country is still case work or medicine, but each must make adjustments to its

milieu. We shall use medical and psychiatric case work to illustrate the necessity for adaptations.)

¶ Medical social work is a special area of case work developed in relation to the practice of medicine in hospitals or in other organized programs of medical care. Psychiatric case work also is undertaken in direct and responsible working relationships with psychiatry and is practiced in hospitals, clinics, or under psychiatric auspices. The essential purpose of these specializations is to serve people with physical, mental, or emotional problems. The special contribution of these practitioners is in relating medical and social factors and in the treatment of individual social problems related to medical or psychiatric care.]

[The modern practice of medicine including psychiatry is a teamwork process; the case worker is a part of the team. She explores the situation with the doctor and patient, helps the physician to identify the relevant social and psychological facts so that the patient can make more effective use of medical and psychiatric services.] In this process the case worker tries to help the patient with both his "inner" and "outer" problems. This requires a knowledge of social work, especially of social case work, and in addition of health and disease, medical practice and medical attitudes, hospital or clinic organization and administration, and community resources. Like the specialist in other professions, the specialized case worker needs knowledge and skills over and above the requirements of the general practitioner.

[Specialists often organize their own professional associations. There are two national professional organizations in the areas now under discussion, both of which impose high standards of qualifications for membership. The purpose of the American Association of Medical Social Workers, organized in 1918, and the American Association of Psychiatric Social Workers, organized in 1926, is to promote the quality and effectiveness of social work in relation to the special fields of medicine and psychiatry. In 1944 there were 1,942 medical social workers in the United States and Canada and 17 graduate schools offering the full medical social work curriculum. In the same year there were 696 members in the American Psychiatric Association and 12 graduate schools giving special training in this field.]

² Harriet M. Bartlett, "Medical Social Work," *1945 Social Work Year Book*, pp. 262-267; Bartlett, *Some Aspects of Social Case Work in a Medical Setting*, Chicago: American Association of Medical Social Workers, 1940. Madeline W. Moore, "Psy-

We shall not attempt to describe further adaptations required in specialized case work. Suffice it here to say that case work in any setting is case work, but that the setting necessitates adjustments.)

CONCLUSION

(Social case work, the most distinctive process of social work, deals directly and differentially with persons in need (i.e., those with problems relating to their social situation), and endeavors, individual by individual, to understand what is needed and to furnish the help indicated.¹⁰ Treatment varies from providing funds to relieving anxiety. Social case work includes those processes involved in individualized treatment of social maladjustment.)

➤ Social case work, according to Fern Lowry, is a way of helping people, differentiated from other ways of helping by several characteristics: (1) it combines the methods of artist and scientist; (2) it does not pronounce moral judgments and is disinterested in moralizing about who is and who is not worthy of help; (3) it is directed toward helping people make the most of their capacities; (4) it is based on a body of knowledge and is not just intuition; and (5) it carries on diagnosis and treatment deriving from facts, mostly those given by the client. (Case work in other words is like a rope—it is made up of interwoven and inseparable strands. This is Miss Lowry's informal description of the content of generic case work.¹¹)

(The depression of the '30's required a common-sense and realistic application of case-work principles. Multitudes of untrained workers were brought into the emergency situation. Whether or not they administered relief by good case-work principles depended upon such factors as size of case load and time available, experience of the worker, personality characteristics of the worker, quality of supervision. Experienced workers who transferred from private case-work agencies to public-relief agencies found they must adapt practices to new circumstances. The adaptation, however, took place within the framework of generic case work. In other words, the depression taught all case workers what some like those participating in the Milford

chiatric Social Work," 1945 *Social Work Year Book*, pp. 312-316; Lois Meredith French, *Psychiatric Social Work*, New York: The Commonwealth Fund, 1940.

¹⁰ Charlotte Towle, "Social Case Work," 1945 *Social Work Year Book*, p. 415.

¹¹ From lectures by Fern Lowry before Case Workers' Institute given at the University of Wisconsin, August, 1946; see also two articles by same author "Current Concepts in Social Case-Work Practice," *Social Service Review*, Vol. XII, No. 3, September, 1938 and Vol. XII, No. 4, December, 1938.

Conference already knew—that case work has within itself the capacity for adjustment to changing times, conditions, and agencies.)

(World War II brought conditions which required further adaptations in social case-work performance. Short-contact interviewing or counseling in many kinds of situations took place, for example, in industrial plants and within unions, by the Traveler's Aid in railroad stations and elsewhere, by the Red Cross and the army in camps, by the USO in its centers, by the War Relocation Authority in its programs for Japanese-Americans, by day-care centers. Although contacts in these situations were often very short, the principles of case work were applicable.¹²)

(The war increased the tendency for new institutions and fields of effort to employ case workers. For example, Selective Service Boards made use of field agents to help eliminate from the draft men who could not stand the grind of military activities. Trade unions recognized that the skills of the case worker could help unadjusted employees. Agencies with essential recreational and educational functions, like the USO, emphasized the importance of counseling. There is every reason to believe that schools, churches, hospitals, industry, coöperatives, credit and labor unions, will increasingly use social case workers who will adapt their techniques to the institutions within which they work.)

Today the largest number of professional social workers are case workers practicing in many kinds of settings. The major emphasis in field training by Schools of Social Work is upon case work. Recognition of the importance of group work and community organization is increasing, but case-work practice will for some time to come receive the predominant emphasis in social work and be the main skill for which workers are trained.

EXERCISES

1. Summarize briefly the differences between performance of good deeds and social case work. Why is one a professional practice and the other not?
2. Discuss the main contributions to the historical development of case work of: (a) Elizabethan legislation; (b) the COS movement.
3. Distinguish between the theories and practices of the disciplinary and the sociological stages of case-work development.
4. Interpret one of Miss Richmond's definitions of social case work.

¹² Gordon Hamilton, "Counseling as Social Case Work," *Social Service Review*, Vol. XVII, No. 2, June, 1943.

5. Select any one of the characteristics of the second period of case-work development and discuss what is meant.
6. Compare the theories of the third period of case-work growth with Miss Witmer's interpretation of social work, as discussed in Chapter I.
7. *Participation*, not *domination*, is a basic principle in social case-work treatment. What does this mean?
8. What characteristics of case-work practice do a public-assistance agency and a child-placement agency have in common?
9. Discuss the adaptation of case work to a school, a children's institution, a court, or a church. Compare case work in the city and in the country.
10. Why is social case work considered an essential aspect of social-work education?
11. Summarize the contributions to social case work of: (a) Mary Richmond, (b) Porter Lee.

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Chapter V

SOCIAL GROUP WORK

INTRODUCTION AND DEFINITIONS

The second area of the social worker's competence is social group work. Formalization of the sociability needs of human beings into social group work occurred some years later than a like institutionalization of social case work. Social group work like social case work has a long history. Voluntary and undirected association of people is as old as man. We are born needing and wanting sociability, and we satisfy this desire through informal and formal association. Voluntary association stimulated by a sponsoring person or agency and called club work is about a century old. The professional activity, social group work, thought of as a composite of techniques, knowledge, and theory, is less than a generation old.

A convenient way to trace the growth of social group work is through articles in the *Social Work Year Books*. In the first of these year books, published in 1929, there is no article on the subject although there is one on social case work. In the 1933 *Year Book* twenty-eight lines are given to the subject. According to the article, "The term is applied to the processes of dealing with persons in groups, as in playgrounds, in contrast with the individualization which is characteristic of social case work."

The third *Year Book*, published in 1935, contains an article of one page. "Social group work," according to the article, "is conceived of as substantially equivalent to the field occupied by leisure time agencies. Within that field itself, however, there is no general acceptance of the term, and it cannot therefore be said to have established itself clearly in the nomenclature of social work." The nearest it came to a definition was, "within the leisure time field the workers to whom the designation *social group work* is probably most acceptable are those responsible for clubs or other small groups which have a more or less permanent membership in relation to which conscious efforts are made to use the processes developed in the best systems of progressive education."

By 1937, the *Year Book* had a three-page article written by Grace Coyle, whose name more than any other is identified with attempts to define social group work and to build educational programs for its practice. She discussed group work as a method analogous to case work instead of a field like medicine or law. By her definition, "Social group work is an educational process carried on usually in voluntary groups during leisure time with the assistance of a group leader. It aims at the development of persons through the inter-play of personalities in group situations, and at the creation of such group situations as provide for integrated, cooperative group action for common ends. Group workers believe that such group experience provides a medium for the social adjustment of individuals, and the development through experience of socialized attitudes."

This definition of Grace Coyle's written in 1937 and a simpler one found in the 1945 *Social Work Year Book* satisfy our interpretation of what social group work is. By the shorter definition, "Social group work is a method of personality development in which the group itself is utilized as the chief tool."

Since many people cannot tell whether group work is the same thing as or different from education, recreation, and the group life of the community, Miss Coyle undertook to clarify the subject. Formal education, she said, differs from group work as it does from progressive education in the emphasis it puts on the subject taught, rather than on the needs of the individual. Group work excludes from its province the teaching of formal classes in which the learning of skills is the prime objective. Recreation covers much more territory than does group work. Solitary activities, like card-playing or stamp-collecting, are recreation but they are not group work. Mass recreation of the pageant, carnival, festival type is not group work either, because achievement of program purpose is primary and not knowledge of individuals for their own development. Recreation is a field of activity; group work is a process.

Nor are group work and group association synonymous. Committees, neighborhood clubs, church groups, fraternal organizations may use many of the same techniques of organization, activity, and procedure as the group worker. In Miss Coyle's words, "They are used, however, for the effective accomplishment of the ends of the group with no element of the control of the group environment for the education of the participant. . . . The boys' gang on the street is group life; the gang moved into the settlement and provided with a

leader is group work. Group work, in one sense, might be called the domesticating of the group process for educational ends."

By 1941 the articles on social case work and on social group work in the *Year Book* were practically the same length—six pages. Two significant statements from the group work article should be set forth here: (1) Although the aims of case work and group work are the same, case work is concerned primarily with prevention, treatment, therapy, while group work is concerned primarily with providing creative experiences for so-called normal persons; (2) social group work has generic characteristics. The writer of the article, Charles Hendry, did not expand these concepts. Let us do it here.

Interpretations of social work generally agree that it deals with persons having difficulties or with environmental conditions causing personal problems. Social case work can clearly be included within such a definition since it deals with persons and their problems, but what about group work in which the fundamental emphasis is upon creative experience and personality growth? Social group work is not primarily a form of therapy for disorganized personalities or a method for the prevention of delinquency, although it may be a resource in the reorienting of functionally disturbed persons or a factor in the reduction of delinquency rates in disorganized areas. The focus of the group worker is literally anybody and, of course, that predominantly means the normal person.

Although most of the group worker's "clients" are "normals" some are not. Recently there has been a development which involves the referral by case workers to group workers of individuals with emotional problems. A very free and unprescribed program, highly individualized relationships, and encouragement of release of tensions characterize this type of group work which is still in its infancy. The names of S. R. Slavson, Margaret Svendsen, Fritz Redl are among those identified with this approach. When group work takes this slant, some authorities think social work is being practiced, and some question whether the practice is group work or case work. We prefer to call this specialized group work in the same way and for the same reasons that psychiatric case work is a specialization within the total of case work. Even though there are differences in emphasis and practice, the basic principles underlying purpose and method are the same for organized or disorganized participants. This is the subject of basic group work.

Just as social case work went through a stage of emphasizing dif-

ferences between the practices of case-work agencies, so did group work. Until the report, *Case Work: Generic and Specific*, referred to in the last chapter, the differences, rather than the similarities, of family, medical, or children's case work were emphasized. Until very recently the dissimilarities between the group work of Y's, Scouts, settlements, or community centers were considered to be fundamental. Today the similarities of purpose, methods, resources, and principles, are emphasized.

Some ten or fifteen years ago schools of social work revised their curricula so that every case-work student got basic case-work principles and then went on to specializations. The same thing will shortly occur in training for group work. At least one University (Wisconsin) already gives its group-work and recreation students field experience at several different agencies including the near-by state training school for girls, the local settlement, the two Y's and two Scout organizations, the Municipal Recreation Department, the campus student union, and student churches. These experiences shared in class have made the students aware of the similarities in purposes and processes of the various agencies practicing social group work. We shall further discuss the subject of general or basic group work in the next chapter.

HISTORY AND GROWTH OF SOCIAL GROUP WORK

Having glimpsed the infancy of social group work as a self-conscious methodology and some of the parallels in its development to social case work, we can turn our attention first to the history and evolution of social group work and, in the next chapter, to its generic characteristics.

As was said earlier in this chapter, the origin of group work lies in the gregarious needs of all humans. Without that association, of course, we could not survive, nor could we pass from the animal to the human stage of personality organization. Rather we would be Mowglis or Wolfboys as in Kipling's *Jungle Stories*. Through human contacts we learn how to do things, to adjust to others, to give and take friendship, to share and to receive. All of these things we learn with positive or negative effects as a result of our contacts in family, neighborhood, church, school, and play. Social group work assumes the need for directed inter-human association, constructive person-to-person relations, interesting and desired activity. The community institutionalizes these basic needs when it provides funds, personnel, programs, resources, method, and agencies.

This remote ancestor of social group work, the need of everyone for group association, is analogous to the early progenitor of social case work, the widely-felt impulse to be generous, neighborly, charitable. Just as the charity-organization movement is the parent of case work, so the club and recreation movements of the nineteenth century and early twentieth are the direct forebears of social group work.

The YMCA and YWCA Movements. Social group work has stemmed directly from two sources, the Young Men's and the Young Women's Christian Associations and settlements. The practical development of the club idea for older boys, which seems to have been the first age-group organized, was stimulated by evangelical forces trying to meet the needs of working boys in changing industrial conditions.¹ Several of these clubs sporadically promoted by churches had been organized in England when George Williams in 1844 established the London Young Men's Christian Association.

In 1837, at the age of sixteen, George left his farm home to be apprenticed in a Bridgewater draper shop. After three years of apprenticeship he entered the London draper establishment of Messrs. Hitchcock and Rogers at a salary of forty pounds a year. He was in that firm for over fifty years, eventually becoming part owner, manager, and husband of Mr. Hitchcock's daughter, Helen.

George, impressed with the long hours of labor of commercially employed young men, with their few resources for legitimate pleasure, with their need for encouragement in the Christian way of living, aggregated a small number from the Hitchcock firm for prayer and Bible reading. By 1844, there were about a dozen young men meeting together regularly for religious and social companionship. The members of the group decided that if they could derive so much satisfaction and inspiration from this kind of association, the opportunity should be extended to other draper shops and to other young men. Thus was born the Young Men's Christian Association. From its beginning two distinctive features of the organization were its combined interest in social and religious welfare, and its dissociation from any particular church, although it was definitely a Protestant society.

The founder died at the age of 83 in 1905 after almost sixty years of active association with his creation. A biographer said of him, "Sir George Williams lives (Queen Victoria conferred this honor upon him in 1894 just before the Jubilee Meeting in London of the founda-

¹ W. I. Newstetter, "Boys and Girls Clubs," *Encyclopedia of Social Sciences*, Vol. II, pp. 667-670.

tion of the YMCA), and shall ever live, not only as the father and founder of the YMCA, but, in his personal life and faith, as the representative member. Methods will change, and are changing rapidly, organizations may differ, but unless the Young Men's Christian Associations in every clime succeed in showing young men how they shall serve and bear witness to Jesus Christ in 'the sphere of their daily calling,' they dishonor the memory of their founder and their work is vain."²

It was not long before here and there individuals began to realize that women and girls also were in need of opportunities for recreation, instruction, and Christian companionship. There were at the same time beginnings of this awareness in England and in Germany. In England, the religious impetus had less relation to organized church work and was directly led by women; in Germany, the work was closely related to the State Church.³

There were two beginnings in England to what eventually became the YWCA. The first was the Prayer Union started by Miss Emma Roberts in 1855 among her own friends "for their mutual benefit and for that of any young women in their respective spheres whom they might be enabled to influence for good." The second was the General Female Training Institute founded also in 1855 in London by the Honorable Mrs. Arthur Kinnaird, originally a home for nurses returning from the Crimean War. Both organizations spread rapidly to other parts of England. In 1877, Mrs. Kinnaird and Miss Roberts met informally and decided to bring the two organizations together under the name of the YWCA.

Meanwhile, in the United States, women in comfortable circumstances were beginning to consider not only their own situations, but those of less fortunate women who were suffering as a result of the abuses of the prevailing factory system. In 1858, Mrs. Marshall O. Roberts formed a Union Prayer Circle, which in 1860 opened a boarding home for young women. In 1866, the name of the organization became the Ladies Christian Union. In 1870, a young ladies' branch of the Union was formed which grew so rapidly that in 1871 it became the Young Ladies Christian Association of the City of New

² J. E. Hodder, *The Father of the Red Triangle, The Life of Sir George Williams*, New York: Hodder and Stoughton, 1918, p. 281; see also Owen E. Pence, *The Y.M.C.A. and Social Need*, New York: Association Press, 1939; James L. Ellenwood, "One Hundred Years and Here We Are," popularly written pamphlet, New York: Association Press, 1944.

³ Mary S. Sims, *The Natural History of a Social Institution, the Y.W.C.A.*, New York: The Woman's Press, 1936, p. 2.

York. This group rented a room on the top floor of a warehouse on University Place and equipped it to meet the needs of women wage-earners in New York. It became a sort of clubhouse for women, and was the center from which grew the broad work of the present YWCA.

The distinction of forming the first American YWCA has been given to Boston. In 1859 Mrs. Lucretia Boyd, a city missionary, became greatly disturbed by the conditions confronting self-supporting working women and appealed to a group of church women to do something. In spite of their interest nothing was done, in part due to the fact that Boston clergymen did not see the need. In 1866 thirty women formed the Boston YWCA, the object of which was "the temporal, moral, and religious welfare of young women who are dependent on their own exertions for their support."

The number of YMCA's and YWCA's grew rapidly and today these organizations are found all over the world. Both associations participate in educational, recreational, and religious activities for boys and girls, men and women. They offer opportunities for the development of leadership qualities through participation in group activities and by service on committees. The club work of these two organizations, which has become such an important feature of their activities, draws many able volunteers. The contribution of volunteers and of employed staff to the theory and practice of club work, and hence of social group work, has been great. Both associations publish magazines, bulletins, monographs on their many functions and have contributed extensively to the literature of social group work.

Settlement Movement. The settlement is historically the second important agency which offered club work as a major part of its program. We saw in Chapter II that Jane Addams was one of the founders of settlements in this country and that she and others of the pioneer group defined the purpose of settlements to be the formation of clubs through which residents of the area could share the cultural resources of a more fortunate segment of the population, the identification of settlement workers with the life of the area, and the responsibility of the same group for social reform. These objectives were built upon a philosophy that recognized:

1. The advantages to those who have and to those who have not of sharing experiences.
2. The desirability of strengthening and perpetuating many racial and cultural characteristics.

3. The wisdom of providing an opportunity to practice the Christian way of life, or in other than religious language, the opportunity to practice democratic and humanitarian principles.

Settlements were almost always located in congested immigrant neighborhoods. They had, therefore, an enviable opportunity to observe changing conditions and emerging needs. Their philosophy made it inevitable that they should find needs and participate in pressures to obtain public and private resources for contending with them. The nineteenth-century influx of immigrants brought in its wake myriads of social problems, among them those of how to Americanize and naturalize the newcomers and how to furnish wholesome outlets for their children. Settlements became centers for classes in English and citizenship and for clubs which gave both older and younger immigrants the best of American culture.

Woods and Kennedy in *The Settlement Horizon* show how Stanton Coit, founder in 1886 of Neighborhood Guild, the first American settlement, built his activities around clubs. Picnics were his first means of neighborly contact with the young people of New York's East Side. In a short time a group of eighteen-year-old boys who had been meeting in the dismal living quarters of a blind old apple vendor was offered the freedom of guild quarters. The club changed its name from Lily Pleasure Club to the O.I.F. Club, meaning "order, improvement, friendship." Soon thirty school girls between the ages of ten and fourteen were gathered into a club. By such means did settlements encourage informal association under leadership.

These organizations sought to promote interest in art, crafts, music, drama, discussion; but more than this they gave opportunities for "the actual interplay of association." This is the language of 1922 when *The Settlement Horizon* was written. Translated into the language of today, it means that the club or informal sociability group whether in the Y, a Youth Center, or a Student Union is a medium through which the social group worker puts into practice his professional knowledge.

Playground and Recreation Movement. Settlements were important factors in the Americanization process. Besides, they did much to promote the playground movement through which children of congested areas were taken off the city streets. At this point we include a brief review of the development of the playground and recreation movement since it has been an important force in the growth of leisure time activities and in the extension of social group work methods.

The town common of the seventeenth century, prototype of the English village green, was really the first municipal playground in the United States, but it was not until the nineteenth century that there was any conscious provision for organized play. In 1868, the First Church of Boston utilized the yard of a public school as a vacation playground, and in 1876 Washington Park in Chicago was opened for team games.

Eighteen hundred eighty-five is the date generally agreed upon as the beginning of the playground movement, for in that year Dr. Marie Zakrzewska, who had visited Berlin where she had seen children playing in sand piles in public parks, opened a sand garden in Boston. The idea spread to neighboring cities and out of these early play centers for small children grew the playground. The movement was at first confined to the summer months and was sponsored by settlements, churches, and private schools. In large cities where yards and vacant lots had disappeared and where open spaces were limited, school yards, roofs, streets, and piers were used. A vacant-lot playground managed by Hull House was introduced into Chicago in 1893, and in 1895, Henry Street Settlement equipped its back yard as a neighborhood playground.

The success of these efforts led to popular demand for more tax-supported playgrounds. In 1906, the Playground and Recreation Association of America, now the National Recreation Association, was formed with the purpose of promoting the playground movement. The support of schools and of social agencies greatly contributed to the rapid development of the playground movement. The schools saw them as a means of supplementing classroom instruction by providing a form of socialized experience in harmony with the newer theories of progressive education. Social agencies, including settlements, saw them as an outlet for youthful energy and as a means of forestalling delinquency.⁴

Playgrounds and, later, the use of public parks for more than scenic purposes were the first type of organized public recreation in this country. The War Camp Community Service organized during World War I, helped greatly to accelerate the recreation movement, just as did the activities of the USO and of the federal agency, Community War Services, during World War II. Today publicly-supported recreation is found in most American cities and comprises a variety of activities such as playgrounds, sports, athletics, pageants,

⁴ Jay B. Nash, "Playgrounds," *Encyclopedia of Social Sciences*, Vol. XII, pp. 161-163.

parades, carnivals and festivals, community music and dancing, handicrafts, discussion groups, forums, debates, and moving pictures.

From the modest beginning of small playgrounds for poor children, at first privately financed, has grown the recreation movement so wide in its ramifications. It now includes public and private resources, the former being by far the more numerous. Millions of dollars, hundreds of agencies, thousands of workers, millions of participants, are today involved in the recreation picture.⁵

The National Recreation Association, more than any other single agency, is responsible for the spread of sound practice in recreational activities. It has fostered and conducted training courses and encouraged writing in the field. It does not, however, emphasize individual development and growth to the same degree as does social group work. A 1940 book prepared by John D. Butler for the National Recreation Association defines recreation as "any form of activity in which an individual feels a sense of freedom and of self-forgetfulness and to which he gives himself freely and wholeheartedly because it elicits from him a harmonious and satisfying response."⁶ In other words, the individual finds in recreation the opportunity for self expression and from it derives pleasure and relaxation. Recreation then is voluntary activity in leisure time for pleasure and re-creation.

The index of Mr. Butler's book contains no reference to social group work as such. In connection with his discussion of leadership, he emphasizes that a happy childhood through play is essential to a child's normal growth, but he writes relatively little on the subject of personality development. Satisfying and constructive *activity* seems to be the focus of interest of professional recreation personnel. The *person* and his *growth* through education, recreation, or religious activities is the hub of interest of the social group worker. Recreation, a field of activity, includes much that is not social group work. Social group work is a process put into practice in several fields. Recreation experts do not consider themselves social workers. Recreation workers and social group workers, despite their different emphases, contribute to each other and neither can well get along without the other. Slavson shows this inseparability in his 1946 book, *Recreation and the Total Personality*.

Influence of Education. We saw in Chapters III and IV that social

⁵ E. C. Wormans, "Recreation," 1947 *Social Work Year Book*, pp. 361-372.

⁶ Reprinted from *Introduction to Community Recreation* by J. D. Butler. Copyright, 1940, by the McGraw-Hill Book Co., Inc.

case-work methods have been greatly affected by developments in the social sciences especially sociology and anthropology, and by psychology, psychiatry, and psychoanalysis. Social group work has responded to the same influences plus those from the field of education. Such persons as John Dewey and William H. Kilpatrick, both of Columbia University, have had immeasurable effects on educational theories and practices including those of group work. They have consistently maintained that rote learning has little value and that arbitrary discipline does not foster growth.

John Dewey, in an article entitled "Education and Social Change" in *New Trends in Group Work*, points out that it is unrealistic to suppose that "the schools can be a *main* agency in producing the intellectual and moral changes, the changes in attitudes and dispositions of thought and purpose, which are necessary for the creation of a new social order. Any such view ignores the constant operation of powerful forces outside the school that shape mind and character. It ignores the fact that school education is but one educational agency out of many and at the best is in some respects a minor educational force." Schools, which are only one of several educational resources, need a frame of reference and in Mr. Dewey's opinion it is *democracy*, the idea and ideal of which involve the necessity of personal and voluntary participation in reaching decisions and executing them. Dewey believes that democracy "means a way of living together in which mutual and free consultation rule instead of force, and in which coöperation instead of brutal competition is the law of life; a social order in which all the forces that make for friendship, beauty, and knowledge are cherished in order that each individual may become what he and he alone is capable of becoming."⁷ In substance this means that if a sufficient number of educators, in and out of schools, have such an objective they and their agencies will be forces in achieving better human relations.

Educational principles on how learning takes place such as those formulated by Kilpatrick in *Group Education for a Democracy* have materially affected teaching in schools and leadership in social groups. The following statements are illustrative. We learn anything in the degree that we count it significant. We learn in the degree that we respond. We learn anything in the degree that it is connected in many ways with things already well known. Repetition alone brings no learning. The amount of repetition necessary to give mastery will

⁷ John Dewey, "Education and Social Change," *New Trends in Group Work*, New York: Association Press, 1940, pp. 15-27.

generally vary inversely with the meaningfulness of the task. The aim of education cannot be split up into a number of separate items.

The child is one; he is an organism. While he is learning what to think or to do, he is also learning how to feel. Some learnings are more important than others, for example, emotional attitudes; of great but of lesser importance are school curricula and vocational preparation. Character is built not born. Learning fixes present conduct, which in turn is integrated into character.⁸

Kilpatrick concludes his stimulating book by stating several "principles underlying a philosophy of education suitable to a democratic society."⁹ We include them since like the educational principles just referred to, they form a foundation for social group work.

1. Life itself is a positive good . . . not something to be denied or reduced or simply to be postponed.
2. Personality as such is to be cherished in all men, and, as far as possible, on terms of equality.
3. Change is inherent in human affairs.
4. The free play of intelligence is our final resource to tell us what to think and to do in all human affairs.
5. Democracy is the effort to run society on the principles just enumerated.
6. Society can no longer run itself on the individualistic basis of each man for himself alone.
7. The conscious improving of our culture should be a chief determining goal of both social and educational endeavor.

Numbers of Dr. Kilpatrick's principles of how learning takes place and those underlying a philosophy of education have been absorbed, although not always practiced, by social group workers.

Influence of Sociology. Grace Coyle in *Social Process in Organized Groups*, Eduard Lindeman in *Social Discovery*, Mary P. Follett in *The New State*, reflect the influence of sociology and other social sciences, as well as the newer educational theories. Writers like these study human conduct in society, especially in relation to the groups of which human beings are a natural or a deliberate part. Their problem is to define the processes by which the human being is socialized. Their thesis is that if we want to preserve democracy and civilization, we must first evolve educational methods in line with the principles above defined by Mr. Kilpatrick and second, actually influence social

⁸ William H. Kilpatrick, *Group Education for a Democracy*, New York: Association Press, 1940, pp. 90-99.

⁹ *Ibid.*, pp. 198-215

organization through group associations. They attempt to do more than guess about individual and social conduct. They set out scientifically to observe human associations and upon their findings to point the way to methods of developing integrated personalities and of achieving desired social change.

Influence of Mental Hygiene. The theories of psychology, particularly of mental hygiene absorbed by social case work, have likewise become an integral part of social group work. Gordon Hamilton, a case worker, points this out. In her words:

"Respect for personality, whether in the one-to-one relationship, or the one-to-several, or to the group as a whole, means giving up manipulation and indoctrination in favor of letting emotions and ideas be expressed. The case worker typically releases tensions through the one-to-one relationship and through family interaction; the group worker releases tensions and drives through larger group interaction but there is much common ground. Both are concerned with the individual's development from narcissism, or self-centeredness, as it is more usually termed, to social attitudes and interests. Not everyone must be gregarious . . . but the ordinary range of happy and useful living depends on comfortable and constructive ways of relating ourselves with our fellows. Children and young people need a reasonable amount of inhibition, but not too much—it the impulses completely master the individual there is unsocial behavior, and if the impulses are too much denied or repressed there is also unsocial or possible neurotic behavior."¹⁰

Just as case workers have learned that conflicts can be lessened in the professional interview, so group workers are learning that feelings can be relieved in a group situation. S. R. Slavson in *An Introduction to Group Therapy* writes: "In group therapy we work with children who are directly rejected by parents, family, school, street gang, and community center, or whose powers and personalities are indirectly rejected by pampering and coddling, as a result of which they are unable to get on with their contemporaries and with adults. These children are actively hostile and destructive or reject the world by withdrawing from it. They are either excessively aggressive or excessively withdrawn; obsessed with great fears or guilt, they overcompensate for them by non-social or antisocial behavior."¹¹

¹⁰ Gordon Hamilton, *Theory and Practice of Social Case Work*, Chapter X, "The Use of Group Process in Treatment," New York: Columbia University Press, 1940.

¹¹ S. R. Slavson, *An Introduction to Group Therapy*, New York: The Commonwealth Fund, 1943.

To a greater or less extent modern psychological principles have been integrated into the practice of agencies working with groups. For instance, some camps, by no means all, attempt to apply good mental hygiene. In *Group Work in Camping*, Louis H. Blumenthal shows the long way that camp objectives have come in a short time. He wrote:

For good intentions, wishful thinking, and the uncritical assumption that exposure to camp was sufficient, group work is substituting a social philosophy, a scientific approach, and sound techniques grounded in the social sciences. From early camp objectives—such as removing the rich boy to the wholesomeness of the outdoors away from the sophistication of summer hotels: “fresh air outings” for the poor boy; religious conversion; and discipline—we have come to the threshold of a social, mental hygiene objective of the adequate personality functioning successfully in group living. From the earlier leadership of “good men,” athletics, and character (at all costs) enthusiasts, we have come to the understanding group leader and personnel counselor. From the nurturing of the “soul” the building up of the body, and the perfecting in skills, we have come to the development of the whole personality in the whole situation.¹²

OTHER INFLUENCES

Among other influences bearing upon group work are “the new leisure,” the depression of the '30's and World War II. The new leisure and its intelligent use are relatively recent phenomena. “Increased leisure is inescapable. . . . The leisure of tomorrow may waken character by releasing purposeless men and women from the restraining power of work. Under normal conditions, a city of 125,000 has each day a million hours of leisure. . . . One of the effects of mechanization and specialization is the closing in of fields of self-expression.”¹³ Stimulation of constructive use of leisure time is an important function of recreation and social group workers. Eduard Lindeman in his pamphlet, *Leisure, a National Issue*, emphasizes how significant is the use of leisure time for the growth of democratic ideas and practices. The methods of the group worker are designed to help in this process.

Although the enforced leisure of institutionally confined persons is not usually included in the meaning of the phrase, *the new leisure*, the fact remains that in recent years there has been a *new* concern

¹² Louis H. Blumenthal, *Group Work in Camping*, New York: Association Press, 1937, pp. 1-2.

¹³ Ruth Perkins, *Program Making and Record Keeping*. Reprinted by permission of The Woman's Press.

with this *old* leisure. The National Recreation Association for a number of years has had staff members who work with institutions in numbers of states, training leaders and advising on equipment, personnel, and facilities. Nor is the summer vacation of school children generally included in this phrase, but because it is a three-months' period, school boards and recreation councils have developed extensive vacation activities, mostly, of course, built around the natural resources of the community and region. Before long, summer camp facilities may be made available to every child through an extension of school programs. Nor is the phrase applied to the aged who have such a surplus of leisure, although it could well be.

The depression of the '30's with its millions of unemployed greatly accentuated concern with constructive use of idle hours. The federal government recognized this when it set up various relief agencies as WPA, NYA, and CCC, which were permitted and even encouraged to use some of their funds to provide recreation for the unemployed. World War II was responsible for a tremendous reduction in the amount of leisure time available to industrial workers, but paradoxically it was also responsible for a great expansion in number and types of resources for constructive use of spare time by both civilians and servicemen. The mere mention of USO's, Youth Centers, recreation services in camps, army hospitals, and war-housing enterprises makes the point. Although many of the activities of these agencies are geared to the needs of masses, there is plenty of room for the theories and functions of the social group worker.

(See end of next chapter for Exercises and Bibliography.)

Chapter VI

SOCIAL GROUP WORK: GENERIC CHARACTERISTICS

ASPECTS

Earlier we indicated that there are common characteristics of social group work regardless of the setting within which it functions. There has been no Millard Conference for social group work, but perhaps we can profit by the thinking of the case workers who constituted that conference and set up some general characteristics of social group work.

For purposes of discussion, let us say that social group work is possessed of the following aspects:

1. Provision of opportunity to members for educational or growth experiences.
2. Understanding by leader of the significance of group characteristics including type, composition, structure, and milieu in which the group lives.
3. Use of program resources to meet desires and needs of group members.
4. Use of community resources.
5. Adaptation of knowledge from other areas to the requirements of social group work.
6. Understanding by leader of personality organization.
7. Development of leadership qualities and goals in the professional worker.
8. Knowledge of techniques for promoting constructive interpersonal relations within the group.
9. A philosophy which, in the language of *Social Case Work: Generic and Specific*, "determines the purposes, ethics, and obligations" of social group work.
10. The blending of all nine aspects.

Let us discuss briefly each of these components.

1. *The provision of opportunities for educational experiences.* If an agency is to provide such opportunity, its staff must understand educational principles like those discussed in the last chapter and both the basic drives of human beings and the special needs of a given individual. Everybody has need for affection and friendship, for

variety of experience, for a rôle in society which is uniquely his. The particular constellation of needs of any given individual, the social group worker must find out. He must also make a distinction between present and future needs. For example, a group of teen-aged girls want boy parties and puppeteering. The leader helps provide for these interests, but because she is interested in the long-time development of the girls, she pays a great deal of attention to *how* the program is put into effect as well as to *what* it is. Further elaboration of the *how* occurs in several of the following aspects.

2. *Understanding the significance of group characteristics.* For our purposes it can be said that there are four basic *kinds* of groups: the *congeniality*, the *interest*, the *administrative*, the *combination* group. The congeniality group, the gang group, the friendship group, the neighborhood group—different names for much the same thing—is made up of a number of individuals coming together by reason of interest in each other. Recreation agencies build much of their group work for young people under college age around the congeniality concept. Activity interests aside from athletics are short-lived, so the program must be a rapidly changing one. The fundamental from which the program flows is friendship or comradeship.

Some years ago, agencies said, "The Butterfly Club is for twelve-to-fourteen-year-old junior high school girls; all interested come and join." More recently they say, "We'd like to help you boys or girls in the Flatbush area plan interesting activities. If you'd like us to help you, get together your own gang in your own neighborhood, and we'll find someone to work and play and plan with you." In the first instance, the *assumed* that sameness of age meant members would quickly *each other and share* interests and that by mixing members from different areas or economic levels, democratic processes would be encouraged. In the second instance, the organization assumed that personality growth occurs most normally where the grouping is natural and the geographical area in which the activities take place is familiar.

Grouping around interests occurs as the range of interests expands which, of course, comes with growing older. To be sure, college young people gather in fraternities presumably because of congeniality—like age, like backgrounds, like economic conditions—but in their college union they gather in groups built around common interests and soon congeniality occurs. Grown-ups seek their organized group pleasures in card clubs, garden clubs, book clubs, professional associations, golf foursomes, etc.

It is safe to say that organizations cannot construct their activities for adolescents and younger children exclusively around congeniality. Nor can they entirely organize activities for older young people and adults around interests. It is sometimes difficult to say that one group is primarily of the congeniality type and another of the interest type; each has some of the characteristics of the other and program planning must take cognizance of that fact. Many agencies, especially those working with adolescents, supplement the typical programs of congeniality groups with the activities carried on through interest groups.

The *administrative* group, whose primary function is the accomplishment of some given managerial purpose, like the house council of a settlement, the theatre and concert committees of a student union, the board of directors or executive committee of a community center, the money-raising and spending committee of any agency, is the type where group work principles and methods are frequently forgotten. Accomplishment of purpose is so important that values of doing things together and of effects upon individuals of shared experiences are often overlooked; but some committee chairmen and agency personnel do apply the principles of group work, especially those pertaining to group discussion.

Clearly the group leader needs not only to know the *type* of group that he is working with, but also its *composition*, the sex and age, racial and nationality characteristics, the religious background, the occupational interests, the standards of living, the social and ethical values of its members. Only so can he understand the individual members and help plan activities which will be of greatest value to each. The *organization and structure* of the group also offers problems to agency and leader. If the group is loosely knit, with little indigenous leadership and no formal organization of officers, committees, etc., the leader may have to stimulate initiative, self-confidence, and planning. If it is highly organized with officers, business meetings, agenda, committees, the leader may have only an occasional advisory function, or he may need to help simplify the organization. In between these two extremes are many variations of structure which require analysis. The *milieu*, too, is important. The leader of any group needs to know the physical characteristics of the area in which the agency operates and the group participants live. The social institutions of the neighborhood or community play a most important part in the personality organization of the members of the group and so should be studied also.

3. *Use of program resources.* Programs must be based on the interests and needs of group members. In many recreational agencies because of the great demand, there is a preponderance of physical activity with a large proportion of the staff specialists in athletics. It is highly desirable that physical activity be included, but not at the expense of opportunities for informal educational and cultural activities such as, for example, hobbies, crafts, music, dramatics, and discussion activities. If we genuinely believe that social group work provides an experience in democratic living, multi-type activities must be offered. Inattention and indifference, loud and boisterous behavior are often the result of insufficient variety of activity. Fundamental to an educational experience is participation; if the program is leader-planned and carried out, little benefit accrues to the group.

Program planning is based upon several principles: (1) the present interests of the group; (2) the capacity of the individual members for growth of interest; (3) differentials of interest and potentialities of growth within the group; (4) values of creative experience; (5) opportunity for personality growth in shared experiences; (6) release of tensions through pleasurable activity. The group worker attempts to steer the members of his group beyond present interests into opportunities for expanded knowledge. Careful timing and planning are necessary.

4. and 5. *Use of community resources and adaptation of scientific knowledge* to the requirements of social group work are aspects which require no discussion here since these same points were amplified in the chapter on Social Case Work and are equally applicable to social group work.

6. *Understanding personality organization.* A major concern of the group worker is each group member's personality. Is the individual shy or bold, impetuous or reflective, imaginative or stodgy, enthusiastic or lethargic, brilliant or dull, aggressive or submissive, resourceful or helpless, ambitious or indifferent, self-seeking or generous, emotionally mature or immature, social or anti-social? Of course he may be none of these "either-ors," but rather a "but-ander" or just a good normal person. If so, the leader will understand that such is the case and place his emphasis upon broadening the interests of this fortunate person rather than upon inter-personal relations.

Earlier, we observed that all of us have fundamental needs and desires. If these urges are thwarted or frustrated, there tends to be personality disorganization. The leader tries to provide experiences which gratify normal drives but, if group members react adversely,

he looks for remedies. For example, most children like contacts with the out-of-doors, which provide them new experience, physical activity, pride in discovery, a sense of achievement. When the group leader finds a child who mopes or sulks if a hike or swim is proposed, he looks for causes and cures. Most teen-aged girls like clothes and dates and popularity. Often in groups of this age there are two or three shy, anxious girls who do not wear clothes well, who stutter when they talk to a boy, who never have dates. The leader tries to help such girls overcome this gawkiness and embarrassment by offering experiences from which a sense of achievement results. If the indigenous leader of a group is overly-aggressive, dominating, stubborn, bullying, the professional leader looks for causes and means of modifying the pattern. The overly timid or the blatantly aggressive individual is a problem to himself and his companions. The group worker hunts for methods to diminish or resolve emotional conflicts and group animosities.

Two illustrations of efforts on the part of a young and inexperienced worker to understand the personality organization and needs of boys in her group follow. A recent college graduate starting work in a settlement was made leader of a group of fifteen New York east-side boys, twelve to fourteen years old. She was told to keep the boys busy by athletic and business-meeting activities—nothing more. Much trial-and-error went into the building of a program. The boys were kept busy, and, although they had frequent tempests, their attention was held.

In this process the leader undertook to find out more about the boys and their needs. She visited their congested and often filthy homes; she spent hours talking with them about their friends, their schools, their job future. During one such chummy chat with two of the boys, they told of the "alley" behavior with neighbor girls of two of their members. The inexperienced leader was startled by such frank revelations but continued to talk with the boys about the local patterns of behavior, the kind of parental guidance provided, the sort of girls who went with young boys into alleys, etc. She proceeded to observe the two erring members more carefully, to talk in a friendly way with them outside of meetings, to provide more activity.

The young leader told this story to the woman who was her supervisor. In a stern and reproachful voice the supervisor wanted to know why the leader had not called the two "bad" boys into private conference, scolded them severely for their behavior, and threatened

reporting them to their parents. In this instance, the leader was attempting to apply psychological and democratic principles to her handling of the situation. The supervisor was recommending the use of autocratic, dictatorial, and moralistic methods.

The leader had a second significant experience with the same group. She had no time to seek assistance from a supervisor, and, what is more, she wasn't too sure she wanted the help of her particular supervisor. The boys had what they called a "good-and-welfare" part of their meetings. During this period, any boy could make a suggestion for the betterment of the club. No motions were made; they came later. One day it was suggested that for the good-and-welfare of the club they start a club library. The idea was cordially received. They voted to start one and unanimously selected the leader to be club librarian. She wondered how they were going to procure books from their empty pockets, and did not relish her new job, but said nothing.

Every boy brought a book to the next meeting, some two or three. During the good-and-welfare section of the meeting one of the boys who had told the leader of the misbehavior of two other members boldly said, "I suggest for the good-and-welfare of this club, that all boys who stole books return them." Deathly silence followed. The leader recovered rapidly enough to say quietly, "Of course, I would not want to be the leader of a group that stole."

"Sure," said the same boy, "that's why we elected you librarian."

The second of the two boys who had worried about the behavior of some of the club members then shouted, "I move that at the end of this meeting all boys who stole books return them."

The motion was unanimously carried. All but two of the books were returned, and to the nearest settlement a few blocks away!

7. *Development of leadership qualities in the professional worker.* Until recently, we have assumed anyone could be a group leader if he had persistence, magnetism, and a special skill, as for example, in music or dramatics. Today these are only partial qualifications of a leader. Since we want him to be a constructive leader we may ask him such questions as:

- a. Do you like people? Do you understand them? Can you adjust yourself to them when they resist and challenge your authority, when they disagree with you at every point? Do you project upon them your own insecurities and hates? Can you control your temper? Can you be objective in your analysis of yourself? Can you be friendly and sympathetic and yet maintain a professional rôle?
- b. Do you have to have guides and manuals and constant supervision, or

can you provide creative experiences? Can you meet crises and emergencies? Can you stimulate your group to think and act for itself, or do you have to be the fountainhead of all good things?

- c. What can you do especially well that will be useful to you as a group leader? Are you musical or dramatic or athletic, or are you all-round? If you are all-round, how will you handle a group when it wants a special interest in which you are not very skillful? If you have lots of technical training along one line, can you take your group outside of that interest into others? If you are a specialist, are you more concerned with accomplishment than with how the members react?
- d. When you evaluate your work, what do you take into consideration? What kind of reports and records do you believe are important?
- e. Are you dependable in keeping appointments, in accepting responsibilities delegated to you, and in planning activities?
- f. Can you convince your group that you have standards without being "goody-goody"?
- g. In what agencies have you worked as volunteer, and as a paid worker? What are the most significant two or three characteristics of each agency's program and philosophy and what especially did you gain from your supervisor?
- h. Why do you want to do social group work, and what do you think are your contributions to this activity? ¹

Slavson in his *Creative Group Education* has listed what he thinks are desirable personal qualifications for group leadership:

1. Psychological insight.
2. A socialized personality.
3. Intellectual hospitality.
4. Respect for the personalities and views of others.
5. Broad social interests and an evolved social personality.
6. The capacity to allow others to grow at their own pace.
7. Emotional maturity.
8. Coöperativeness.
9. Resourcefulness.
10. Creativity and respect for it in others.
11. Love for people.
12. Cheerfulness and evenness of temper.
13. Knowledge.
14. Humor.

This enumeration takes for granted skills, orderliness, administrative ability without which the democratic relationship is hard to build. The leader who wishes to help others grow in maturity, himself needs a sense of freedom and security. If he does not have these qualities he almost inevitably assumes an aggressive and domineering rôle.

¹ Questions developed at Wisconsin Student Union for selection of committee chairmen and members.

Members of groups expand their interests most, produce most, grow best, not under *laissez-faire* or autocratic leadership, but under democratic leadership.²

8. *Techniques*. It is essential to good group work that the leader have a knowledge of techniques for promoting constructive group interaction among which are:

- a. prizes, rewards, badges,
- b. ritual, ceremony, symbolism, oaths, mottos, pledges, promises,
- c. uniforms and costumes,
- d. deprivation, evasion,
- e. public or private rebuke and reproach,
- f. silence and quiet,
- g. explanation,
- h. discussion,
- i. group discipline,
- j. lectures and demonstrations,
- k. surprises and crises,
- l. observation,
- m. records and reports,
- n. trips and tours,
- o. the interview and the conference.

We might discuss the employment of these techniques in great detail and give myriads of illustrations of their use and misuse. However, let us content ourselves with a few observations concerning the first and last listed.

All agencies use the reward and prize system at some time and in some manner. Modern society is built upon the theory of competition and rewards. It is therefore impossible entirely to disregard compensations in our recreation and group work, but marked differences of weight are given by various agencies to the values of visible rewards. Some agencies emphasize differences in achievement by giving merit badges; others emphasize personal satisfaction derived from good performance. In the first instance symbols of achievement are felt to be important; in the second, the intangible values of doing a task well are considered primary. Some club leaders give prizes for every little competitive event; others reserve the prize for a major activity.

The Scout organization has a highly developed system of merit badges—rewards for achievement. The Boy Scout *Handbook* shows 101 different merit badges; 499,738 badges were issued in 1936;

² See especially "The 'Social Climate' of Children's Groups" by Lippitt and White in *Child Behavior and Development*, New York: McGraw-Hill Book Co., 1943; S. R. Slavson, *Creative Group Education*, New York: Association Press, 1937.

6,785,¹⁷⁴ since 1911.³ However, concerning the use of merit badges, the chief executive of the Boy Scouts in 1937 had the following to say:

As I have repeatedly emphasized, all the interest of the Boy Scouts of America in its Merit Badge scheme and in the Court of Honor procedure is but a means to an end. Our fundamental interest is in capitalizing the boy's interest and willingness to apply himself to the process of practical education under the leadership of men of character under conditions which give us greater opportunity to make effective the primary principles of Scouting—character building and citizenship training. Scoutmasters, Scout Executives, Merit Badge Counselors, and all leaders should keep in mind that the purposes of the Boy Scouts of America are to build character and train in citizenship by developing right attitudes of mind and habits of conduct.⁴

Campfire Girls make extensive use of symbolism and less use than the Scouts of merit insignia. The Y-Teens of the YWCA seem to use less symbolism and fewer awards than either the Scouts or the Campfire Girls. Whether the *doing* process or the *finished product* is emphasized, depends ultimately upon each individual leader.

The last technique mentioned above is the interview. It is the primary tool for diagnosis and treatment of the social case worker. It is a very important but probably not the most important one for the social group worker. The interview of social group work is used to help gain an understanding of the characteristics and needs of group members; to advise and counsel with them; to secure materials for programs; and to supervise.

The interview may be primarily for gathering information or for influencing persons and situations. If the interview is for the purpose of better understanding and working with group members, the group worker must define the differences in his functions from those of the case worker. The frame of reference for the group worker is the individual *in the group*; that for the social case worker is the individual *in his social situation*. A book like that of Everett W. DuVall, *Personality and Social Group Work*, seems to over-emphasize interviewing, instruments for measurement and diagnosis, individual guidance and counseling, as essential tools of the group worker. Unless group workers keep clear their own distinctive functions, duplication between the two processes of case work and group work may occur.

9. *Philosophy*. Decisions about purposes, ethics, and obligations must be made in social group work as in any professional endeavor. Such questions as the following require answers:

³ William D. Murray, *The History of the Boy Scouts of America*, New York: Boy Scouts of America, 1937, p. 457.

⁴ *Ibid.*, p. 457.

- a. What are the rights and responsibilities of an individual in a group?
- b. May the needs of a group be sacrificed for those of an individual?
- c. When is compulsion, if ever, justified?
- d. How can the quality of leadership accepted by the group be improved?
- e. How far can consideration of community problems and political situations be encouraged, especially if they are controversial and emotionally charged?
- f. Shall the social values of an agency and leader be compromised to jibe with the experiences of the group?

Let us illustrate the last question. When there is conflict of behavior patterns between leader and group, or conflict of culture patterns between group and agency, problems inevitably arise. A group member may have no knowledge that he is coarse, vulgar, obscene, rough, or dishonest. The leader who may have been reared in a home where the proprieties receive exaggerated respect, has the problem of understanding home and cultural background. When the entire group of fourteen-year-olds smoke, drink, gamble, cheat, lie, and indulge in doubtful sex behavior, the leader with his mores and the sponsoring agency with its standards will have to decide at what point divergence in behavior cannot be accepted. For example, the settlement or the YMCA may say, "No smoking within our walls." The boys or men may reply, "What the h——! We'll find some place that will take us as we are." The leader and the agency are bearers of standards. Where shall the standard be set and by what means shall it be enforced? These are critical problems in every recreational agency.

10. *The blending of all.* It seems clear that social group work like social case work has common aspects regardless of where practiced. The fusion of all makes the whole, social group work. There may be differences of emphasis and in the use of program tools, but essentially all social group workers are primarily interested in the individual and the means by which group association can: (a) broaden his interests and expand his social outlook; (b) socialize his attitudes and increase his adjustability; (c) provide experience in community living. Group work is a process used in the fields of social work, recreation, religion, and education. It makes adjustments to different settings. It has generalized and specialized aspects. Many of its methods can be used by others than social workers. We come back to Miss Coyle's definition which seems to us to cover the content of generic group work. "Social group work is an educational process carried on usually in voluntary groups during leisure time with the assistance of a group leader. It aims at the development of persons through the inter-play

of personalities or group situations, and at the creation of such group situations as provide for integrated, cooperative group action for common ends."

ILLUSTRATIONS OF GROUP WORK IN DIFFERENT SETTINGS

We have shown that there can be and must be adaptations of group work methods to different age groups, to diversity of interests, to many kinds of institutional settings, to more or less complex personalities. We now include two digests of group records illustrating variations in leader-group relationships depending upon the needs of the members.⁵

Group Work with Normal Girls in a Settlement House. The Guys and Gals Club of the Gay Settlement House grew out of a loosely organized neighborhood group of teen-agers who had played baseball together regularly one summer. While the fall program at the settlement was being planned, one of the group leaders spoke to several of these young people and invited them to come to Gay House in their free evenings and to make use of the ping pong tables, juke box, and handicraft materials. Monday night became "their" night by mutual agreement and a formal organization meeting was held in mid-October.

There were fourteen charter members of the club, six girls and eight boys, plus the group leader who was unanimously elected to honorary membership. Their announced reason for organizing, selecting a name, and electing officers, was that they might be included as one of the settlement's regular clubs, and thus be entitled to certain privileges. Actually, the leader suspected that it was just as much to keep out unwanted companions. From that time on it was a closed group unless the majority voted to accept a new member.

From the very beginning the Guys and Gals, or G.G.'s, as they became known, formulated their policies and program with very little direction from the leader, though she was always there to be sure that their program fitted into the over-all settlement schedule. Occasionally she had to pass on the wisdom of a proposed financial venture, and she was soon found to be an excellent program resource. But always the club was conducted and propelled by the enthusiastic spirit of its youthful members.

⁵ Digests made by Mrs. Patricia Vance, a former case-work and group-work student at the University of Wisconsin, for a time employed in a settlement, at present employed by the Madison, Wisconsin, Family Service Society.

Programming was the first obstacle met by the group after its organization. It took only two three-hour discussion sessions to convince everyone that though such questions as "America's Foreign Policy in the Near East" might be a fine topic for the University of Chicago Round Table, it was somewhat beyond the experience and interests of the G.G.'s! Not wishing to abandon their conclusion that something on the intellectual side would be suitable for their years, a more successful evening was spent discussing "What Democracy Means to Us." As a result of that meeting it was decided that each member would contribute one afternoon after school each week to assist a group leader at the settlement with the younger children's activities.

In true teen-age manner, the G.G.'s gave first place among their activities to social affairs. Since school parties and movies which few could afford were the only other desirable amusements in the neighborhood, this phase of their program was encouraged. Winter brought weekly juke-box dances, and summer hikes, picnics, and swimming parties. Many spots of national historical interest were located in and near the city, and since several of their hikes took them to these places, some members of the group began to study historical background and to keep scrapbooks of pictures and souvenirs of their outings.

Occasionally the matter of new members became a problem. The good times of the G.G.'s became well known and many other young people requested admission. One evening the group was asked to consider the application of two girls who were close friends. One was quickly accepted but the other was at first turned down. She was a girl of questionable morals and it was felt that her presence would injure the reputation of the other G.G.'s. After lengthy discussion, however, she, too, was accepted. The members reasoned that if she really wanted to belong and was turned down, she would undoubtedly turn to the vices of which they accused her. If, however, she became a G.G., they could save her from such a fate! The leader later became well acquainted with the girl and was able to help her with her personal problems. However, wholehearted acceptance by this group of young people was undoubtedly one of the most constructive and meaningful experiences of her young life.

Among many of the children at the settlement there was a strong feeling against the comparatively few Jewish children in the neighborhood, most of whom attended daily classes in Hebrew held at the settlement. Group leaders had struggled unsuccessfully to make it

possible for Jewish children to be accepted comfortably as participants in the settlement's activities. At one of the G.G.'s meetings the leader made the most of the opportunity offered when a member inquired why Jewish children had classes after regular school every day. She explained that the children were learning the language and customs of their ancestors and suggested that they might invite the local Rabbi to one of their meetings to ask him more about his school. This they did, and he delighted them with his stories and songs. Furthermore, he invited those who were still curious to attend one of the newly-formed classes. Some parents protested, but others who were more broad minded—or perhaps just indifferent—said nothing. For at least several of the G G 's, social barriers were lowered and friendships were made with Jewish young people.

In evaluating the group's activities at the end of the year, the leader could see that there had been considerable growth of interests among the members, that many had learned to participate actively in planning and carrying out their programs, and that club membership had helped socialize the attitudes of several members. She hoped in the future to help certain individuals develop further their natural leadership ability. Always she hoped that the club's program might provide constructive ways for these young people to relieve their normal tensions and drives, and with the foundation of a year's activity together, she felt that in the future the Guys and Gals might experience more fully the meaning of coöperation and community living.

^a **Group Work with Personality Problems in an Institutional Setting.** The girls in cottage twelve were only slightly interested in the announcement that after dinner there would be a young woman in the living room to help them plan their evening's entertainment. Miss E., the group worker in question, was a new member of the staff at the State Industrial School for Girls. She planned to spend each Tuesday evening at the cottage helping the girls organize recreational activities.

The twenty girls in the cottage ranged in age from thirteen to nineteen. They had been committed to the school through the juvenile courts of the state because of their delinquent behavior. The school's program was planned to teach them skills in many different fields. In the class room and through practical experience in the cottages they learned to bake and cook, sew, wash and iron, and plant, cultivate, harvest, and preserve food produce. Many of the girls took a commercial course in high school so that they might be typists or stenogra-

phers. Athletics played an important part in the program, and most girls participated in basket ball, volley ball, baseball, skiing or other seasonal sports.

By evening the girls were often tired and listless. Whether they liked school or not, most of them had to attend all day. In addition to this they had daily household tasks which usually occupied two or three hours. The time from six-thirty to nine-thirty in the evening was theirs to spend as they chose. Some of the girls were homesick; others were bored, and missed the gay life that had led them to the institution; still others seemed content with the friends they had made and the routine prescribed for them there. According to their inclinations, they spent their evenings listening to the radio, playing checkers, sewing, reading, occasionally studying, and, most commonly, just sitting around in small groups talking and giggling. This then was the group with which Miss E. was to work.

The first evening she entered the large living room where most of the girls had gathered and was introduced to them by the house-mother. Miss E. told the girls that she hoped to spend an evening with them each week singing, playing games, or doing other things that they might suggest. She then sat down at the piano and invited all who liked to sing to pull their chairs up closer. The strains of "Chattanooga Choo-choo" soon echoed through the house and it was apparent that there were several enthusiastic, if not well-trained, voices in the group. By the end of the evening every piece of music Miss E. had brought had been sung, and many of the girls were chatting as though they had known her for years.

As the weeks went by, the girls looked forward to Miss E.'s Tuesday evening visits. It became less necessary for the housemother to summon the girls to the living room, and by the time Miss E. convinced her she would prefer that they come only if they chose, most of them wanted to anyway. The group's organization remained very informal. There were no officers, no dues, no by-laws; yet there developed a group spirit. Tuesday night was somehow different from other nights, and the girls' attitude revealed that fact.

The program varied from week to week but group singing always remained popular. At first many of the girls considered themselves too sophisticated to play some of the games, but gradually the obvious enjoyment of the others won their interest. The girls loved to have stories (always thrilling ones) told or read to them, and occasionally one of the group would entertain the rest with a tale.

On the whole the program remained largely leader planned and

directed. Miss E. followed the girls' suggestions whenever possible and asked their choice of songs or games. However, the girls showed little initiative, and seldom carried through the plans they made from one week to the next. They wanted to be amused, but their span of interest was short and they were easily distracted.

The tempo of the evening was usually set by Miss E., but occasionally there were tensions and moods she could not completely overcome. The days' events affected the girls strongly, and if there had been an attempted runaway or a severe discipline problem of which everyone had heard, all the girls felt the strain. Occasionally they were completely lacking in enthusiasm, whereas at other times they were so keyed up that nothing really satisfied them. Miss E. was quick to sense the emotional climate of the group, and the evening's activities were carried out accordingly. Sometimes she spent most of the evening merely visiting with the girls, always trying to keep in mind the particular interests of each. They came to confide in her, and in the long run some of her most effective leadership work was done on an individual basis.

After working with the girls at cottage twelve for several months, Miss E. could see some improvement in general participation and group coöperation. Some of the girls were able to release pent-up feelings through such socially acceptable channels as singing and playing games. Others had achieved a degree of needed satisfaction and attention by assuming rôles of leadership in various activities.

The inherent limitations of an institutional setting made many of the usual goals of group work quite difficult to achieve. The girls were required to participate in this superimposed program; there was a wide range of ages and interests; and they were more insecure and emotionally disturbed than the average group of girls would be. On the other hand, they responded perhaps more quickly to a friendly leader than other girls would have. They sought her advice personally and were overjoyed at her interest and concern in them as individuals. Thus it was the leader's relation to each person in the group that furnished the real basis for group rapport.

RELATIONS OF SOCIAL GROUP WORK AND SOCIAL CASE WORK

References have been made in this chapter to the relations of case workers and group workers who have traditionally misunderstood each other. Increasingly they are learning to respect and to make use of each other. Both are interested in people, in behavior, its causes and modes of adjustment. To the case worker this means face-to-face

contact; to the group worker it means contact with individuals in groups. Each seeks to understand the skills and theories, functions, and limitations of the other so that the individuals with whom either works may derive greatest benefits.

In a speech before the National Conference of Social Work, Gertrude Wilson showed some of the misconceptions and antagonisms of each to the other.⁶ Some group workers, she said, think case work is largely a relief function; others that it is so concerned with disorganized individuals that its workers aspire to be psychoanalysts; still others that case workers live in a vacuum and do not relate themselves to social movements and social action. Case workers on the other hand have misconceptions about group work. They grant that group work may be valuable because it gives children something to do, but they think it has few scientific principles as revealed by its lack of accurate records, failure to register participants in social service exchanges, haphazard knowledge of family background. Others see it as an activity concerned with groups, and not with individuals in groups. There is, of course, both truth and error in all these beliefs.

These two methods may be harmonized, say two authors, one a case worker and the other a group worker, by:

- ✓ 1. Each recognizing the common objectives of the other since both are attempting to help people to the most satisfactory personal and social adjustments.
2. Both understanding that they are serving the same communities and often the same people; that social group work may offer treatment to persons with deviating behavior, instead of merely providing activity for normally behaving persons, and that social case work does not offer intensive personality treatment if it is not indicated.
3. Each exploring the basic philosophy of the other, and seeing what is common to both, as, for example, the confidential nature of material exchanged, use of such material only as it relates to dealing with the individual in a professional relationship, a "nonjudgmental" attitude based on understanding of causative factors in behavior and the right of the individual to self-determination.
4. Keeping the focus of attention and effort on the individual and not upon an agency or an activity, thus avoiding duplication of function.
5. Each appreciating his own skills, and hence respecting the contributions of the other.⁷

⁶ Gertrude Wilson, "Insights of Case Work and Group Work," *Proceedings of National Conference of Social Work*, 1937, pp. 150-162; Gertrude Wilson, *Group Work and Case Work*, New York: Family Welfare Association of America, 1941.

⁷ Mary Hester and Dorothy Good Thomas, "Case Work and Group Work Cooperation," *Proceedings of National Conference of Social Work*, 1939, pp. 334-341.

As case workers and group workers share knowledge and experience, they will increasingly complement each other. Particularly will this be true as they work together with the same persons, the one primarily in a face-to-face relation, the other primarily through group association.

INTERACTION OF SOCIAL GROUP WORK AND SOCIAL ACTION

In 1935, Miss Grace Coyle wrote a paper delivered at the National Conference of Social Work on "Group Work and Social Change." She said: "In a period like the present, every human activity must test itself by its contribution to the vital changes that are remaking our society. Group work is a part of the educational process by which *society aims to produce certain effects in individuals and to preserve and transform its cultural heritage.* Like the formal aspects of education, group work must assume a responsibility both for the transmission of our culture and for its reevaluation at those points at which it is not adequate to the new circumstances of a rapidly changing time. As leisure assumes a larger part in our life, the opportunities for education provided by the informal, voluntary activities of the group-work agency become an increasingly significant part in the total educational program of the community. It is, therefore, the responsibility of the group worker to try to envisage his part as an educator in our contemporary life."^{*}

Here Miss Coyle sharply points out the responsibility of group-work agencies and leaders to encourage discussion of social problems and even participation in the achievement of social change. Not very long ago the author knew of an agency, it happened to be a small city YWCA, whose board of directors refused to permit the business and industrial secretary to bring speakers on workers' education to her groups because the business men of the city (probably their husbands and friends) might object. At least two members of the board resigned in protest. This was an agency which needed, and did not then have, strong professional leadership.

EDUCATIONAL RESOURCES

It is quite recently that group workers have become sufficiently self-conscious to organize their own associations. Relatively few group workers belong to the American Association of Social Workers

^{*}*Proceedings of National Conference of Social Work, 1935, p. 393.*

since they have not usually had the qualifications for admission. The Schools of Social Work are only recently including a correlation of courses which prepare students for group work practice. When they do offer a sequence of course analogous to that for case work they include opportunities for field experience in different settings, with agency committees, mass activities, social and therapy groups.

In 1936 a national group-work organization, the National Association for the Study of Group Work was created.⁹ Its purpose was to bring group workers, whether professional or non-professional, into association for study and mutual stimulation. By 1941 the organization had about a thousand members, had published several brochures, was regularly publishing a magazine entitled *The Group*, and had given momentum to the drive for professional training. In 1946 the organization became the American Association of Group Workers. Its by-laws define educational qualifications and kind and amount of experience which shall be prerequisite to membership. In other words, it has become a professional organization.

In 1943 the Conference of Professional Schools of Group Work and Recreation was formed. In 1944 the fourteen member schools comprised twelve which are members of the American Association of Schools of Social Work and two independent schools. It provides opportunity for joint thinking and action by schools and national agencies in the fields of recreation and social group work.

By far the largest number of persons in group work are either untrained but paid workers, or unpaid volunteers. There is great need in this area of social work for increased in-service training and for professional undergraduate and graduate curricula. Not only is the number of schools of social work which educate for social group work small but the literature is sparse and inadequate, some pedantic and some shallow. There is very little which describes good practice. Records on such subjects as individualization of group participants, supervision, camp leadership, and relations of group work with case work, community organization and social action, are non-existent.

CONCLUSION

The writer knows of no place in social work literature where an effort has been made to distil out of theory and practice the general characteristics of social group work. She and her students together have made an attempt. The results are offered in this chapter. Per-

⁹ "Group Workers Organize," *Survey Midmonthly*, January, 1937.

haps this formulation will help stimulate discussion. In turn, it may be a factor in further systematic analysis of "generic" social group work.

Several phenomena characterize the recent development of social group work. Most important is the growth of interest among recreation and group workers in definition of functions, in provision for training opportunities, in establishment of professional organizations, in research, and in expanding the supply of professional literature. *Second* is the rapid extension of group work principles and practices into new settings. Group work has been introduced into hospitals and institutions for aged, defective, hostile, or delinquent persons. Coöperatives, labor unions, industries, churches, public housing enterprises, and youth centers are more and more including group-work methods in their welfare programs. *Third* is experimentation with individualization processes including that with disorganized personalities. Experience derived from "group therapy" will have its effect upon the content of group work.

Social group work has a hopeful and challenging future. It will have to keep on adapting to new agencies and situations, to find new methods of doing things, to relate to other social work activities and other professions, to develop sound training methods, and to increase its fund of knowledge from carefully observed experience. It has a great opportunity to teach young people, particularly, the values of democratic group association. Probably social group work and community organization will be the processes in social work that will grow most in the next generation.

EXERCISES

1. "Social group work is an educational process carried on usually in voluntary groups during leisure time with the assistance of a group leader." Analyze this definition of social group work by Miss Coyle.
2. Distinguish between the activities and theories of: (a) the teacher and social group worker; (b) the recreation worker and social group worker; (c) group associations and social groups led by a group worker.
3. Discuss the contributions to social group work of: a. the YMCA, b. the settlement movement, c. the recreation movement.
4. What are some of the effects upon social group work of: a. the new leisure, b. youth centers, c. USO centers.
5. William H. Kilpatrick formulated several educational principles which have been absorbed into social group work practice. Select two and show their significance to social group work.
6. He did the same thing for basic underlying philosophical principles. Select two and show their significance to social group work.

- ✓ 7. In planning programs for different age groups, what matters must be given consideration?
8. Discuss why the social group worker needs to understand the personality organization of the individuals in his group.
9. What are some of the personality characteristics and abilities of the club leader or social group worker that the questions on pages 107-108 are designed to point out?
10. Discuss two techniques for promoting constructive interaction within a group.
11. Select a philosophical question on page 111 and answer it from the point of view of a social group worker.

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Chapter VII

COMMUNITY ORGANIZATION

INTRODUCTION

The methods of community organization were extensively used in World War II. Although many new governmental agencies sprung up to facilitate military and related activities—War Production Board (WPB), Office of Civilian Defense (OCD), Office of Price Administration (OPA), War Manpower Commission (WMC), Office of Community War Services (OCWS),—the key to community efforts was planning, coördination, and integration. This was true in the fields both of industrial production and of human welfare. These are the methods of the social worker in community organization for social work.

During the war social-work agencies all over the United States cooperated with governmental and quasi-governmental agencies to protect the standards of living of our military and civilian elements and to achieve new or expanded forms of service when needed. In many communities social workers took the initiative in the provision of community services and in the correlation of agencies for common purposes. Efforts were made to prevent duplication of activity and to help new organizations gear into the community.

In some areas adjacent to war camps, community organization for social welfare started with almost no resources. For example, there was in a western state an army encampment with several thousand Negroes. The nearest town was fifteen miles away with no facilities to meet the away-from-camp needs of these men. On the other hand, there were cities with so many existing and new resources for servicemen that there was the problem of overexpansion. Perhaps the outstanding development in social work in World War II was community organization. Case work and group work earlier came into their own; more recently community organization has been doing likewise.

DEFINITIONS

Community organization as a social-work process distinct from case work and group work, which are concerned with the welfare of individuals through inter-personal and intra-group relationships, is interested in inter-group relationships. It is directed to providing services for people with special needs. The phrase *community organization* achieved some popularity in World War I. Momentum for this interest came largely from community and war-chest activities and from councils of social agencies.

Uncertainty as to definition continued for a long time and necessitated clarification. To the general sociologist *community organization* meant a continuous process of inter-action between individuals and groups with organization, disorganization, reorganization of customs, personality, and institutions occurring. To the rural sociologist it meant the operation of social forces in a natural non political area such as the neighborhood. The social worker recognized the desirability of understanding the social processes in operation in any geographical area, but he did not think this knowledge was equivalent to the practice of community organization. There was uncertainty too, as to whether *community* meant a geographical area or a psychological phenomenon; whether, if it were an *area*, it was a neighborhood or a city or a county or a state or a nation. If it were a psychological matter, to what extent must there be unanimity of opinions and attitudes? The meaning of *organization* was also hazy. Did it mean administration or program promotion or research or stimulation of understanding or social planning or all of these rolled into one? Some social workers still think that *community organization* is inadequate to define what the community organizer does. They prefer *social welfare planning*, *social engineering*, *social welfare organization*, *social organization work*.

In the 1939 and 1940 *Proceedings of the National Conference of Social Work*, two reports were published which helped lessen this confusion. Under the auspices of the community organization section of the conference, study groups were organized in several cities to find out what community organization means. They performed for community organization a function somewhat analogous to that of the Millford Conference of Social Case Workers. These groups held frequent meetings and finally pooled their findings, which were drafted into a significant report. It was agreed:

1. That the term *community organization* is used to refer to a process and also to a field. The double usage is a familiar phenomenon, for example, we refer to the teaching process and to the field of teaching.
2. That the process of organizing a community or some parts of it goes on *outside* as well as *inside* social work. It is the social-welfare nature of the objectives that distinguishes *community organization work*, with which social workers are concerned, from that which the politician practices.
3. That within the area of social work the process of community organization is carried on by some organizations as a *primary* function and by others as a *secondary* function.
4. That within the area of social work the process of community organization is carried on not only in communities or neighborhoods or on the local level, but also on a state-wide or nation-wide basis.
5. That agencies the primary function of which is the practice of community organization do not, as a rule, offer help directly to clients.

Although the groups did not come to an agreement on a formal definition of community organization, from the different ones submitted, Arthur Dunham in 1940 formulated a statement which follows: "Community organization for social work, or social-welfare organization, as I should prefer to call it, is the art or process of bringing about and maintaining a progressively more effective adjustment between social-welfare *resources* and social-welfare *needs*. Social-welfare organization consists of activities in the field of social welfare which are concerned with fact-finding; raising standards; promoting teamwork and improving and facilitating inter-group relationships; increasing public understanding; enlisting public support and participation; and initiating, developing, and modifying welfare programs. Social-welfare organization may be carried on in any geographical area. It is concerned with the discovery and definition of needs; the elimination and prevention as well as the treatment of social needs and disabilities; the articulation of resources and needs; and the constant readjustment of resources in order better to meet changing needs."¹

A National Continuing Committee for the Study of Community Organization headed by Arthur Dunham, Professor of Community Organization at the University of Michigan was formed in 1940 as an outgrowth of this study enterprise. Through its efforts the American Association for the Study of Community Organization was established in 1946. Its first chairman was Walter Pettit of the New York School

¹ Arthur Dunham, "The Literature of Community Organization," *Proceedings of National Conference of Social Work*, 1940, p. 413.

of Social Work and its first secretary, Russell Kurtz, assistant general director of the Russell Sage Foundation. The new organization is interested in serious study of community organization and in the improvement of standards and practices not only in specialized agencies but throughout the entire field of social welfare.

Regardless of what name it goes by, community organization comprises social-welfare planning, organization, coordination, inter-group relationships. Generating an interest in behalf of special community needs and effectuating programs to meet needs are its main objectives. This is usually done within a readily defined geographical area, but not always.

HISTORICAL BACKGROUND

Community organization can be said to have several discernible origins, namely; (1) efforts of socially-minded persons at any time to achieve better services for people who need them; (2) certain aspects of the charity organization society and settlement movements; (3) community chests and councils of social agencies.

1. It is clear that most reforms or social services are initiated as a result of the organized planning of groups of people. Hebraic laws, Solon's reforms, Elizabethan laws for public assistance, all came about as a result of pressure from many people. Hospitals, orphanages, homes for the aged, settlements, child-placing agencies, home service for soldiers and sailors, are resources which have been secured by keenly-interested hard-working individuals usually organized into groups. Procuring these changes is the subject of social action and will be discussed in a subsequent chapter.

2. The charity organization and settlement movements have been reviewed in earlier chapters, but their particular contributions to community organization theory are briefly restated here.

The first charity organization society came about as a result of the multiplicity of small "fly-by-night" neighborhood relief agencies which often duplicated one another's efforts. The humanitarians of the period, shocked by waste of effort and money and by the demoralizing effects of indiscriminate giving upon the recipients, favored integration of effort. Hence the London Charity Organization Society was formed. It utilized the methods of: (a) A clearing service, the precursor of our social service or confidential exchange; (b) district committees comprised of representatives of various interests; (c) volunteer workers; (d) investigation into social conditions.

Social settlements, built on the principle of the values derived from shared experiences, put into practice several methods significant for community organization. Among them are: (a) First-hand observation and research; (b) committees comprised of representatives from inside and outside the neighborhood; (c) assumption of responsibility for reforms pertinent to the area.

COMMUNITY CHESTS AND COUNCILS OF SOCIAL AGENCIES

Development of Chests. Since the chest and council movements have done so much to professionalize the practice of community organization, it seems well to discuss them in considerable detail. A Community Chest has been defined to mean a cooperative organization of citizens and welfare agencies. It has two chief functions: ²

1. It raises funds each year primarily for its affiliated social welfare, health and recreation agencies. During war and other emergency periods, it may also raise funds for local, national and international war and emergency relief and services. The funds which it secures are raised by a community-wide appeal and distributed in accordance with a systematic budget procedure.
2. It promotes effective planning, coördination and administration of the social welfare, health, and recreation services of a community. Direct responsibility may be carried by a community welfare council.

Joint fund-raising started in Liverpool, England, in 1873, in Denver, Colorado, in 1887, in Elmira, New York, in 1910. The Federations of Jewish Agencies initiated joint financial campaigns in several large cities starting with Boston in 1895. The early financial federations raised relatively small amounts of money for a small proportion of the social-work agencies in any given community. For example, twenty-three organizations joined the Denver federation which raised \$20,000 in its first campaign.

The first modern chest is credited to Cleveland, which set up a Federation for Charity and Philanthropy in 1913. It was the first organization to start the principle of budgeting for community planning. In 1918 war chests, only a few of which at the start of the war included local charities, spread to some 300 cities. Soon both peacetime and wartime social agencies were included in a single campaign.

The depression of the '30's gave further momentum to the chest

² *Organizing a Community Chest*, New York: Community Chests and Councils, Inc., 1946; *Yesterday and Today with Community Chests*, New York: Community Chests and Councils, Inc., 1937; John B. Dawson, "Community Chests and War Chests," 1945 *Social Work Year Book*, pp. 84-92; *Health and Welfare Planning in the Smaller Community*, New York: Community Chests and Councils, Inc., 1945.

movement, although after the federal government entered the relief picture, the actual amount of money raised dropped. In 1932, 397 chests raised \$101,317.532, and in 1935, 185 chests raised \$69,781.478. By 1941 all but two cities in the United States with a population over 100,000 had adopted the community-chest method of raising money for local private social-work enterprise.

The impact of World War II imposed new demands on local peacetime welfare agencies which the community chests financed, and led to setting up new services and agencies. Even before Pearl Harbor it was apparent that something would have to be done to bring about a united front in the financing of both peacetime and wartime needs. Because of the great increase in organizations raising money for war relief, President Roosevelt appointed in July, 1912, his War Relief Board with Joseph E. Davies as head. Its purpose was to regulate all kinds of foreign and domestic appeals designed to meet war-created needs, except the American Red Cross and certain established religious organizations; it was authorized to register, relicense, and coordinate the timing and amounts and establish standards and methods of solicitation. This agency was responsible for a great reduction in number of irresponsible and extravagant organizations.

In January, 1943, as a result of the demands from local communities which were besieged with the multiplicity of war requests and specifically at the request of the president's War Relief Control Board, there was organized the National War Fund. Its purpose was to secure funds through local war chests for the approved budget requirements of its member agencies; to stimulate the organization of local unified campaigns in unorganized sections of the country; to collect and distribute to its agencies the funds pledged; and to relate the various programs of these organizations to international, national, and local needs. Only those war-relief agencies certified by the President's War Relief Control Board were included as members. The campaign goal for the year 1944-1945 was \$115,000,000. Twenty-two war-relief agencies were beneficiaries.³

³ The twenty-two war-relief agencies listed as beneficiaries were: the USO, United Seamen's Service and War Prisoners' Aid, Inc. American Denmark Relief, American Relief for Czechoslovakia, American Relief for France, American Relief for Italy, American Relief for Norway, Belgian War Relief Society, British War Relief Society, Friends of Luxembourg, Greek War Relief Association, Philippine War Relief, Polish War Relief, Queen Wilhelmina Fund, Russian War Relief, United China Relief, United Lithuanian Relief, United Yugoslav Relief Fund, American Field Service, Refugee Relief Trustees, and United States Committee for the care of European Children. This list is taken from John B. Dawson, *op. cit.*, pp. 84-92.

Two hundred and eighty-six chests which have reported continuously to Community Chests and Councils, Inc., the national organization in this field, from 1935 to 1944 showed an increase in the per capita amount raised from \$1.62 in 1935 to \$3.29 in the war-chest year of 1944. In July, 1944, an analysis of reports received by CCC, Inc., from 169 chests which had raised almost \$78,936,825 for the year 1944, indicated that 55 per cent of classified contributions came from "big gifts" (\$100 and more) and one-third came from the one per cent of the total pledges which were gifts of \$1,000 or more. These chests reported 27.59 subscribers per 100 population; 95.6 of all subscribers gave less than \$25 and 60.5 less than \$5.00.⁴

Development of Councils of Social Agencies. A community welfare council or council of social agencies has been defined as follows: (It) "is a voluntary association of citizens who represent tax-supported and private social welfare, health, and recreation agencies, or who serve as interested individuals. It carries primary responsibility for the planning and coördination of the entire community social welfare program. Where the chest and council are separately incorporated, the council may be described as the social planning partner of the chest. In some cities both the joint fund-raising and the overall social planning functions are carried on by one organization—a combined chest and council."⁵ By social planning is meant "the development and continuous revision of the total program of community health and welfare services, both private and tax-supported, for the purpose of utilizing the total financial and other resources of a community to meet social and health needs in the most effective and efficient manner possible."

The first Councils of Social Agencies organized in Milwaukee and Pittsburgh in 1909 antedated federated financing by four years. The next decade saw the organization of councils in many other cities. They usually have a membership composed of public and private social agencies with a few individual memberships. Generally they divide their activities into functional fields such as family, child welfare, health, and recreation; or they organize around case work, group work, institutional work. They operate on a city-wide basis and sometimes within the suburbs. Numbers of cities have neighborhood councils, but these do not have so broad a basis of

⁴ John B. Dawson, *op. cit.*, pp. 84-92.

⁵ *Organizing a Community Chest*, New York: Community Chests and Councils, Inc., 1946, p. 1, Lyman S. Ford, "Councils in Social Work," *1945 Social Work Year Book*, pp. 112-118; Community Chests and Councils, Inc., *Yesterday and Today with Community Chests*, New York, 1937.

operation and do not supplant city-wide councils of social agencies.

In broad terms, councils of social agencies carry on four main kinds of activities:

1. They provide a medium for educational activities embracing their own constituency and the general public.
2. They endeavor to secure direct action from the authorities controlling a particular operating unit or group of units in order to make changes deemed desirable.
3. They themselves administer certain kinds of services.
4. They coordinate the functions of two or more agencies toward the more effective production of a joint result.⁶

Where separate chests and councils exist, there is generally close structural and functional integration. Sometimes the same constitution sets up both; sometimes under two constitutions there is a crossing of structure; sometimes the same staff serves both organizations. Actually most community organizers believe that social planning is inseparable from budgeting and financing. In those cities where there are harmonious working relationships between the two agencies, community organization for social work is more apt to develop on a sound basis. (See diagram on page 131.)

A counterpart of local councils of social agencies is the National Social Welfare Assembly established in 1946, its predecessor the National Social Work Council having been organized in 1922. It is concerned with the planning of national welfare organizations and does so through conferences, publications, studies, etc. Thirty voluntary and nine public agencies make up the new organization.

Principles of Chest Organizations. There are numbers of principles underlying the practices of Community Chests. Assuming that chest and council are the same organization, among them are the following:⁷

1. Budgetary control, which means that each agency prepares in advance a detailed budget which is accepted or rejected by a budget committee comprised of non-agency representatives and which, when approved, is not exceeded by the agency without permission of the controlling body.
2. The "whirl-wind" campaign with its campaign chairman, its large number of solicitors, its extensive publicity, its quota systems, etc.

⁶ Community Chests and Councils, Inc., *What Councils of Social Agencies Do*, New York, 1939, p. 4.

⁷ *Organizing a Community Chest*, New York: Community Chests and Councils, Inc., 1946, p. 1; Lyman S. Ford, "Councils in Social Work," *1945 Social Work Year Book*, pp. 112-118; Community Chests and Councils, Inc., *Yesterday and Today with Community Chests*, New York 1937.

3. The immunity rule with its promise to contributors that the member agencies will not solicit further funds during the year unless for capital expenditures or emergencies and then only with permission of the controlling body.
4. Centralized accounting and public auditing.
5. Centralized purchasing and housing, although these methods are not universal.

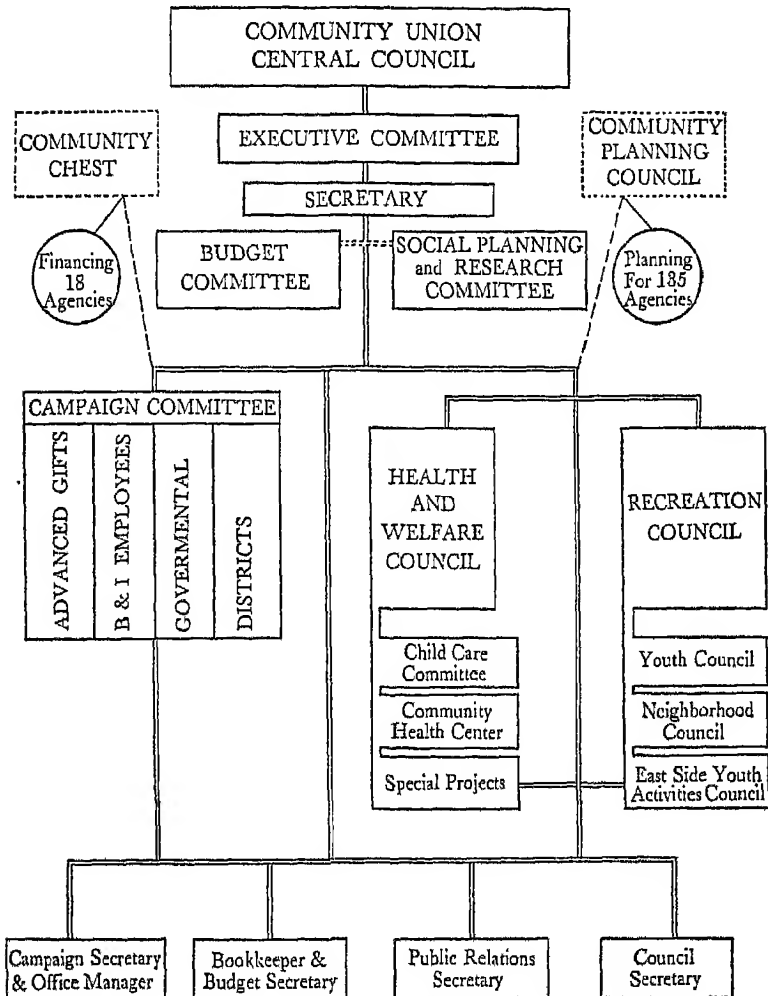


ILLUSTRATION OF THE STRUCTURE OF A COMBINATION COMMUNITY CHEST AND COUNCIL ORGANIZATION IN A SMALL CITY

6. Designation of gifts, which is often allowed although this is not encouraged since it means singling out agencies for special favor instead of accentuating and emphasizing community needs.
7. Centralized and continuous publicity and education. A national counterpart of the local chest-council publicity program is the annual Mobilization for Human Needs. In 1932, the first mobilization, administered by CCC, Inc., began to furnish materials for local campaigns.
8. Coordination of programs.
9. Collection of service statistics.
10. The management of the Social Service Exchange, which is a central file containing identifying materials on agency clients for the purpose of prevention of duplication of services to clients and for coordination of work between agencies.

Objections to Chests. Needless to say there has been much opposition to community chests. Objection has been and is made both to its fundamental conception and to many of its practices. Mary Richmond objected to it because she feared that "big business" methods would not only control its fund-raising processes but restrict the freedom of agencies to speak their minds regarding causes and cures and to meet new problems.

Arlien Johnson, Director of the Graduate School of Social Work, University of Southern California, fears the fusion of chest and council functions especially since financing functions are often the stronger and more conspicuous. In 1940 she wrote "We have the dilemma at once, therefore, of the council attempting to represent all the agencies and groups necessary to effective planning but at the same time being a part of the chest, which is concerned with a minority of those agencies. A more logical relationship would seem to be to have the chest a department of the council. . . . In my opinion the greatest drawback in the close association of chest and council is the inhibiting effect the chest has upon social action. The first question that comes to the mind of the executive when action is proposed is 'Will it offend any of our contributors.' " * Undoubtedly there have been cities and situations where money-raising and efficiency have been emphasized at the expense of adequate service, but with experience and with competent executive leadership, most chests have not lost sight of their basic purposes.

Clearly many agencies, particularly those long established and able to raise plenty of money, may be tempted to resist chest theories and methods. Chest executives freely admit that agencies sometimes

* Arlien Johnson, "Limited Participation in Social Planning," *Proceedings of National Conference of Social Work*, 1940, p. 425.

obtain less money when they enter a chest than they received before, and that agencies may not be so free to carry on their programs as they wish. The rugged individualism of some private agencies has been beneficially moderated as a result of shared financing and planning. When agency-minded, as contrasted with community-minded organizations threaten withdrawal from the chest or urge abolition of the chest altogether, business men and other contributors are often vociferous in their protest against the needless waste of their time in repeated solicitations and the duplication of effort involved in many campaigns.

The mortality rate of community chests and the number of agencies withdrawing have been relatively small. In the period of chest history only one out of five has gone out of existence. Some of these folded up after one campaign. Most of those abandoned were in small cities. Professional and volunteer leadership of a high quality is difficult to secure in small communities, and in chest work, as in every other kind of administrative activity, personnel is the keystone of successful achievement.

CCC, Inc., believes that, generally speaking, chests will be successful and endure only if these conditions are met:

1. The territory to be solicited equals or exceeds 25,000 in population.
2. The probable goal equals or exceeds \$50,000.
3. The social agencies which would logically qualify for participation are favorably disposed, including Jewish and Catholic as well as Protestant and non-sectarian organizations.
4. The service programs of the agencies extend over the entire territory proposed for solicitation.
5. The programs of the agencies include all of the basically important types of service such as family social work and relief, public health nursing, and recreation.
6. The employment of competent executive service is assured.⁹

Chest Organization. Most Community Chests are incorporated bodies with constitutions and by-laws. In some cities, agencies through their delegates are sole members, in others the givers are also members, and in still others there are several classes of members. The members elect a board of directors which usually selects its own president, vice president, secretary, and treasurer, all of whom are volunteers. The board appoints its executive secretary.

Selected in different ways, but responsible to the board, are various

⁹ Community Chests and Councils, Inc., *Yesterday and Today with Community Chests*, p. 24.

committees, such as budget, campaign, publicity, research. The work of these committees may proceed somewhat as follows. If, for example, the goal of a community chest in a city of 70,000 is \$100,000, it is essential that the budget-control group understand the activities of each organization, relate the functions of each organization in the private field to those of every other organization, and see the activities of private agencies in relation to public agencies.

The budget committee is usually composed of persons unaffiliated with any member organization and thus theoretically in a position to be objective about the operations of each organization. It is this group that asks such questions as: Why does a private family-welfare organization in a time of expanding employment opportunities need more money for relief? Why does a YMCA need a large amount of money for boys' activities when the men's department requires a large membership fee of its members? Why does a settlement need more money when a school community center has recently been opened? Why should there be both a Salvation Army and a Volunteers of America in the community when seemingly both groups reach the same constituency? Why should the Visiting Nurse Association run child health centers, when the City Public Health organization administers a pre-school age clinic program? Does the community need a nursery? The budget control group, in other words, attempts an overall look and endeavors to gear the activities of each agency into those of all other organizations, both public and private.

After a budget for each agency and the total budget have been agreed upon, and it has been determined what the community can raise, the actual raising of funds through a campaign organization occurs. Often the campaign committee makes direct solicitation from large employers and seeks the cooperation of the employer in a 100 per cent solicitation of his employees. Most chest-campaign committees disbelieve in the assignment of a quota to employees by employers and think that the best community cooperation is secured when the employees make such contribution as they wish or feel able to make. During the war, labor made a very significant contribution to chests on its own volition and without employer pressure. After organized groups have been reached, house-to-house canvassing is an effective method of reaching-out into every home.

The amount of time given by budget and campaign committees to the raising of funds for private social-work activities is tremendous. One of the greatest contributions of volunteers to social work—one requiring time, energy, understanding, and enthusiasm—comes from

these groups who go through the onerous jobs of reviewing expenditures and of soliciting contributions.

The actual collection of funds is a responsibility of the chest organization and its year-round staff. If the amount set to be raised is reasonable, the task of collection should not be difficult. Communities vary in the amount subscribed and not collected. If the amount not collected is more than about 5 per cent of the total budget, something has probably been wrong in the preliminary processes.

The research or study committee is usually comprised of people with a variety of interests and approaches to the welfare needs of the community. For example, in one city the composition of this committee includes a professor of political science, a professor of social work, a tax expert, a business man who for several years has been the president of the chest, a banker, two women, one of whom is in business, and the other of whom is a housewife, two labor leaders, a lawyer, a doctor and two clergymen. Such a committee may or may not have special research staff made available to it. This committee may act as a most important liaison group if chest and council are separate agencies.

OTHER AGENCIES

The problem of financing social work, both private and public, has received much attention particularly since the depression of the '30's which hit the income of private social-work agencies and which forced an increase in taxes to meet the needs of millions of unemployed. Contributions, endowments, and earnings are the main financial resource for private agencies, with subsidies from foundations or trust funds, tag days, benefits, and bazaars as minor sources. In such areas of social work as home relief, private funds now furnish only a negligible proportion of income; but in such fields as group work, private funds loom large. It is clear, however, that private funds in the future will be quantitatively unimportant in the total welfare picture.

The largest part of the funds for maintaining private welfare agencies comes from private contributions and in the communities having chests is secured primarily through that agency. Some hospitals, orphanages, homes for the aged, and agencies offering family relief derive a considerable percentage of their income from endowments and bequests. Endowments vary in almost direct ratio to the history and age of the locality and the agency. The farther west one

goes, the smaller are these funds. Taking the country as a whole, gifts of this type furnish but a small percentage of private agency funds.¹⁰

Foundations and Trusts. Foundations and community trusts have been an important development in private philanthropy even though only a minor part of their income has gone to social agencies and almost nothing to distinctly local agencies. By *foundation* is meant a non-governmental, non-profit organization, having principal funds of its own, established to maintain or aid social, educational, charitable, or other activities serving the common welfare.¹¹ Among the best-known foundations are: the Carnegie Foundation for the Advancement of Teaching, the Milbank Memorial Fund, the Russell Sage Foundation, the Guggenheim Memorial Foundation, the Ford Foundation, the Twentieth Century Fund. The two fields of education and health have together accounted for about 7 per cent of all foundation expenditures in recent years. Third place, about 15 per cent of total expenditures, has gone consistently to social welfare, but more foundations are operated in this field than in either health or education. Drastic reduction in interest rates since the 1930's has curtailed the operation of foundations. In 1944 they expended about \$62,000,000.

Community trusts are foundations usually organized on a city or county basis. The first was the Cleveland Foundation organized in 1914. The largest community trusts are those in Chicago and New York, each with resources totaling more than \$10,000,000. In 1944 there were 74 active community trust funds.

The war had pronounced effects upon foundation and trust activities. Requests for assistance decreased; there was a reorientation of research projects; new contributions were directed toward post-war services, many of them for servicemen. It was even responsible for the establishment of new organizations. For example, one mid-western city which for three years far over-subscribed its goals, set up a community trust for the anticipated post-war lean years.

Public Funds. By far the largest percentage of monies supporting health and welfare activities comes from public funds. All welfare-agency executives need, therefore, to have some understanding of

¹⁰ H. L. Lurie, "Financing Private Social Work," 1939 *Social Work Year Book*, pp. 148-153; Wayne McMillen, "Financing Private Social Work," 1941 *Social Work Year Book*, pp. 220-226.

¹¹ Harrison and Andrews, *American Foundations for Social Welfare*, New York: Russell Sage Foundation, 1946; F. Emerson Andrews, "Foundations and Community Trusts," 1945 *Social Work Year Book*, pp. 173-178.

public finance including types of revenues available, the relative merit of various types of revenues, the factors determining the distribution of funds among the various governmental units, the problems of grants-in-aid. Inevitably administrative problems are created by public financing of social agencies. Executives may have to accept supervision from representatives of higher and remote units of government, to comply with bookkeeping or record-keeping standards, to accept personnel not locally selected, and to work with city and local political appointees who appropriate the funds. All this means the development of skill in the methods of community organization.

Conferences. Among the agencies other than chests and councils the primary purposes of which are education and planning for the social welfare are the national and state conferences of social work. "Conferences of social work serve to publicize and interpret social needs and social work accomplishments among lay groups, to provide social workers with opportunities of learning what is going on in other localities and in other branches of social work outside the fields of their immediate interests, to stimulate creative thought on the variety of practical problems which are a part of a social-work scene, and to present, in some cases, platforms for social action."¹²

The National Conference of Charities and Corrections was organized in 1874 and became the National Conference of Social Work in 1917. Since its inception social workers and interested laymen have met once a year to discuss ways and means of carrying on social work. The year-round membership is about 7,000 and the annual meetings draw from 3,000 to 7,600 attendants. It is a forum, not a social action organization.

In order to facilitate program planning, several sections, which change from time to time are organized. In addition to the meetings planned by committees of these several sections there are many others arranged by special committees and by associate groups such as the American Association of Social Workers, the American Association of Medical Social Workers, the Birth Control Federation of America, etc.

The proceedings of the conference have been published annually since 1874. Membership dues range from \$3 to \$25 a year depending upon type of membership—active, sustaining, institutional, or contributing. During the past few years, the conference has provided a year-round service to state conferences, including bulletins, a hand-

¹² Kathryn Close, "Conferences of Social Work," *1941 Social Work Year Book*, pp. 133-140.

book, and a clearing house for information. The National Conference provides secretarial services to the Association of State Conference Secretaries. It also serves as the national committee of the International Conference on Social Work.

All states except Nevada and New Mexico, have state conferences. Wisconsin has the oldest, dating back to 1870. Conferences vary greatly in emphasis and organization. Some, modeled after the National Conference, emphasize forums and discussions; others include social action. For example, in 1929 the Wisconsin Conference of Social Work, subsequently renamed the Wisconsin Welfare Council, formulated and sponsored a children's code, and in 1939 helped draft a bill creating a state department of welfare to coordinate numbers of state welfare activities and functions. Repeatedly it has been responsible for the introduction of bills to modernize public assistance legislation.

State conference services generally include the publication of proceedings, bulletins, periodicals, participation in many state committee activities, and the conduct of classes. Their budgets run from less than \$200 in the small ones run by volunteers, to \$11,000 in the large ones run by a professional staff and with a social action program. There are also many specialized conferences organized on racial, religious, or functional lines. Among them are the National Conference of Catholic Charities, the National Conference of Jewish Social Welfare, the American Prison Congress, and the White House Conferences on Children. Many national organizations such as the Family Service Association of America and the Child Welfare League of America, arrange regional conferences for their constituencies.

Councils. In addition to councils or conferences organized on a broad geographical basis and to central councils of social agencies on a city-wide basis, there are neighborhood and coordinating councils. The neighborhood council, generally encouraged and even organized by social workers, attempts to bring together all local forces, organized or not, with social agencies kept in the minority. Such a council may carry on only local community planning and interpretation or it may coordinate within the area the activities of local and city-wide agencies. The first so-called Coordinating Council was established in Berkeley, California, in 1919. Not until 1932 were similar agencies established in Los Angeles and other parts of California. The original purpose of these councils was to prevent delinquency, but their scope soon expanded to include planning for all local welfare services and coordination of agencies in the area. The coordinating

council movement has had its most extensive development in California, there being seventy-two in Los Angeles alone. In essential purpose these coördinating councils differ little from councils of social agencies in small towns or neighborhood councils in large cities.¹³

A good many rural and urban neighborhoods are experimenting with councils variously organized. In Madison, Wisconsin, for example, the east side of the city has organized its own council. It comprises some sixty representatives of citizen groups, social agencies, churches, etc., and was set up to provide a coördinating resource for local recreation activities. It has aroused city-wide interest, so much so that it is probably only a matter of time before other neighborhood councils are organized.

Organizers of the "back-of-the-yards," "grass-roots" type of neighborhood councils are most critical of the objectives and methods of local councils sponsored and promoted by social workers. Saul Alinsky, for example, in his *Reveille for Radicals* expressed a sociologist's contempt for what he thinks are the condescending and undemocratic methods of these councils. They do not, according to him, search out the people's needs but rather superimpose agency wishes upon a helpless people. Of course, this can be a justifiable objection; but since somewhat different objectives and methods at present characterize these two generalized types of neighborhood councils, his criticism seems unnecessarily sweeping and severe. The so-called neighborhood-council-movement is of such recent origin and of such diverse patterns that both sociologists and social workers have much to learn before generalizations about objectives, structure, and methods can legitimately be made.

Special Interest Agencies. Many agencies with narrowly prescribed objectives and specialized programs primarily employ the methods of community organization; they may or may not provide services directly to individuals. Several illustrations follow. During World War II the Committee on Resettlement of Japanese-Americans encouraged the formation of local committees to draw together local leaders in order to keep before the community the civil and religious issues involved in evacuation programs, and to assist in actual relocation. The Planned Parenthood Federation of America, a national organization, carries on extensive educational programs, promotes the establishment of state and local leagues and medically-directed

¹³ Lyman S. Ford, "Councils in Social Work," 1945 *Social Work Year Book*, pp. 112-118; *The Neighborhood Approach to Community Planning*, New York: Community Chests and Councils, Inc., 1937.

planned parenthood services, provides consultant services to local committees on problems of organization, education, clinic administration, and the integration of planned parenthood into community health and welfare programs. The National Association for the Advancement of Colored People and its local branches seek to combat the spirit of persecution which confronts colored people and other minority groups by programs of legal aid, participation in community affairs, conducting research, publishing and distributing facts. These and many other organizations, just as much as Community Chests, Councils of Social Agencies, national and state conferences, coordinating and neighborhood councils, make their contribution to social welfare through community organization theories and techniques.

PROBLEMS AND METHODS OF COMMUNITY ORGANIZATION

Our discussion so far has been of services and agencies, the *primary* functions of which are community organization. Actually every administrator of a welfare agency engages in the processes of community organization. He participates in chest and council activities; he works out inter-agency relationships with other executives; he sits on many kinds of committees; he carries on a continuous educational process with his own boards and committees.

Whether community organization for social work is a primary or an incidental function of an agency, there are common problems and methods. The following situation illustrates types of problems dealt with in the practice of community organization.

A local branch of a national organization with a house-centered religious and recreational program requested increased funds from the budget committee of the community chest for the second of these two programs. The institution is in an area of poor housing, juvenile delinquency, and low income. The budget report was inadequately prepared and presented by the executive; data to prove need were not available; and the board members of the agency had little knowledge of the activities of their organization.

The budget committee turned down the request and recommended a study of agency operations. The community chest employed an expert to conduct such a study. Among his recommendations were: replacement of staff, better utilization of existing facilities before additional ones were obtained, greater participation by the board of directors in formulation of agency policies, and a temporary demonstration by a trained worker of what a good but inexpensive recreation program could be. The last recommendation was carried out

with the community chest paying the costs. The demonstration showed the possibilities of a good program in a disorganized area. After the skilled recreation worker left, the new program fell apart. None of the other recommendations was carried out.

For two successive years a similar request was made by the agency to the budget committee with little or no evidence of improvement in agency performance. Each time the budget committee refused increases. Finally the committee decided it was time for the agency to withdraw from the chest; the question was how to achieve this result without unduly antagonizing persons interested in the agency. The community chest appointed a committee to conduct hearings on the reactions of the community to the agency. Many persons who had observed its activities testified to its inefficiency and to the waste of the \$6,000 given by the community. These findings were given to the agency board of directors who decided to withdraw their organization from the chest rather than be ejected.

No sooner had the agency withdrawn than the social planning committee of the Community Chest took up the problem of agency replacement. Such questions as the following were thrashed out: Shall existing public and private agencies expand their work? Shall a new organization be created? Is a building-centered program desirable? Shall the new program be extended over a larger geographical area than that reached by the agency which had been dropped? What are the problems of transportation? What do the residents of the community themselves want? Since there were no sure answers to these questions, it was clear that more data were needed before a sound plan could be developed; so a neighborhood study was recommended and carried out. The findings showed the need for a new recreation agency, one which would coördinate the recreational activities over a larger area than the displaced agency had served and which would promote the initiation of new programs as their need was demonstrated. In due time this type of agency was organized and at present it is carrying on a healthy program.

This short case story illustrates typical problems involved in community organization. (1) A disorganized area with poorly-functioning agencies; (2) a critical public; (3) inadequate factual knowledge; (4) a dominating national organization giving inadequate attention to local problems; (5) an inactive and uninformed board of directors; (6) an expensive and unproductive program; and (7) a poorly-equipped executive.

To realize the general aim of community organization which is

"to bring about and maintain a progressively more effective adjustment between social-welfare resources to social-welfare needs" the utilization of sound method is essential. The same national group which first carefully studied the content of this process also made an enumeration of some of the most important methods. They are:

1. Continuous central recording, including the keeping of minutes and the collection and publication of financial and service data.
2. Planning, particularly planning by or in behalf of two or more agencies.
3. Making special studies and surveys.
4. Budgeting.
5. Education, interpretation, publicity through newspapers, reports, public speaking, exhibits, radio, etc.
6. Inter-agency consultation through field service or otherwise.
7. Development and use of group discussion, the conference process, and the working with committees.
8. Promotion of voluntary or gentlemen's agreements between agencies for definition of function, *etc.*
9. Operation of joint services.
10. Promotion of legislation and other forms of social action.
11. Organization in the sense of setting up new services or structure.¹⁴

The illustration given above shows the use of several of these methods. Any one of them is made up of numbers of others. For example, making a social study comprises planning the organization, financing and staffing the study, conducting the study, reporting the findings to the community, etc. Recently we gave our university class in community organization the experience of making a community study. It was conducted under the joint auspices of the School of Social Work and the local chest. In the process of conducting this survey of composition of private-agency boards in their college city, students experienced on a small scale, what professional experts do on a large scale.

EDUCATIONAL RESOURCES

The practice of community organization for social welfare requires experienced and mature personnel. Among the qualifications needed are: (1) a knowledge of the kind of facts that will be useful in determining what a community needs, knowledge of how to get them and how to use them; (2) familiarity with the standards of practice in

¹⁴ Robert P. Lane, "The Field of Community Organization: Report of Discussions," *Proceedings of National Conference of Social Work*, 1939, pp. 501-502; also included as Document 1A in Wayne McMillen, *Community Organization for Social Welfare*, Chicago: University of Chicago Press, 1945.

social work as a whole, (3) an understanding of individual and group behavior; (4) skill in stimulating group thinking and motivating group action.¹⁵ These qualifications necessitate basic training in social work, including field practice in case work, preferably also in group work, and supervised experience in the methods of community organization.

Since the establishment of the New York School of Social Work in 1898 field training analogous to the clinical training of doctors has been provided students. It was originally offered in charity organization societies and involved case work. Field experience in group work, except in a few schools, has been unavailable until recently. Several schools now offer theoretical and field courses in this phase of social work. Every school of social work includes community organization courses in its curriculum; relatively few provide supervised field experience. Both the New York School of Social Work and the Ohio State School of Social Service Administration do so.

Many teachers of community organization believe students need much more supervised experience in the community, but they face two primary difficulties: (1) most students have too little knowledge of and experience in social work to justify giving them much responsibility for carrying on community relationships; (2) agencies and schools have not solved the program of supervision. Although these are real difficulties, they are not insurmountable. Surely the need is sufficiently recognized to impel agencies and schools of social work to experiment.

As yet there is a paucity of literature on community organization for social welfare. From the point of view of student education the most significant recent book is *Community Organization for Social Welfare* by Wayne McMillen of the faculty of the University of Chicago. Although the results of numbers of community studies have been published, there is almost no case material showing the processes involved in community organization. The 1946 organization of a national agency to study means of improving community organization is encouraging.

CONCLUSION

The war gave impetus to community organization activities in social work and out of it. In the welfare field innumerable resources were expanded or developed; immense sums of private money were

¹⁵ Adapted from Wayne McMillen, *op. cit.*, p. 32.

raised for war and peacetime welfare needs; all kinds of people and groups worked together and, at least temporarily, a community of interests among men and women grew up. It was inevitable with the cessation of military efforts that many services would no longer be needed and that many people with highly charged emotions would revert to their old ways of life. It is equally clear that there will be some permanent results from this community of purpose. It is hazardous to prophesy, but perhaps among them will be:

1. Greater knowledge by laymen of welfare purposes and processes, hence a residual interest in social-work agencies and perhaps even a considerable hold-over of volunteer workers.
2. A greater interest in inter-agency relationships and overall community planning by social-work executives.
3. A greater interest by both laymen and social workers in facts upon which to base plans and hence increased realization of need for trained research personnel.
4. An understanding by social workers of the need for experimentation with recording processes in community organization, analogous to the records of social case work, so that there may be continuous analysis of objectives and methods.
5. An appreciation by laymen and social workers of the importance of governmental activity in the community and probably an expansion in the number of planning bodies upon which health and welfare interests will be represented, some of which bodies may be financed by public funds.
6. Co-operation over larger geographical areas.
7. Continued drives for more adequate training of personnel in the community organization process.

EXERCISES

1. Community organization for social welfare has been defined as "The art or process of bringing about and maintaining a progressively more effective adjustment between social-welfare *resources* and social-welfare *needs*." What does this mean? Illustrate.
2. Distinguish between the objectives and practices of (a) a community organizer for social welfare and a director of an association of commerce, (b) a community organizer for social welfare and a clergyman.
3. We listed four contributions of the COS movement to community organization. What is the significance of each?
4. We listed three contributions of the settlement movement to community organization. What is the significance of each?
5. a. What is a community chest?
b. What is a council of social agencies?
6. Why might the number of community chests increase during depressions and the amount of money decrease?
7. Discuss three principles underlying the community-chest movement.

8. Choose one local community problem of which you are aware, and present in outline form a plan for meeting it.
9. The pie chart (below) is a device for pointing out to the student the interrelationships of social agencies and services on the local, state, and national levels. Each concentric circle denotes a geographical area and each segment an area of service.
 - a. From your own knowledge and from the directories in the back of the *Social Work Year Books* list the agencies which belong in the different segments of the circle.
 - b. What community organization principles do you derive from this process?

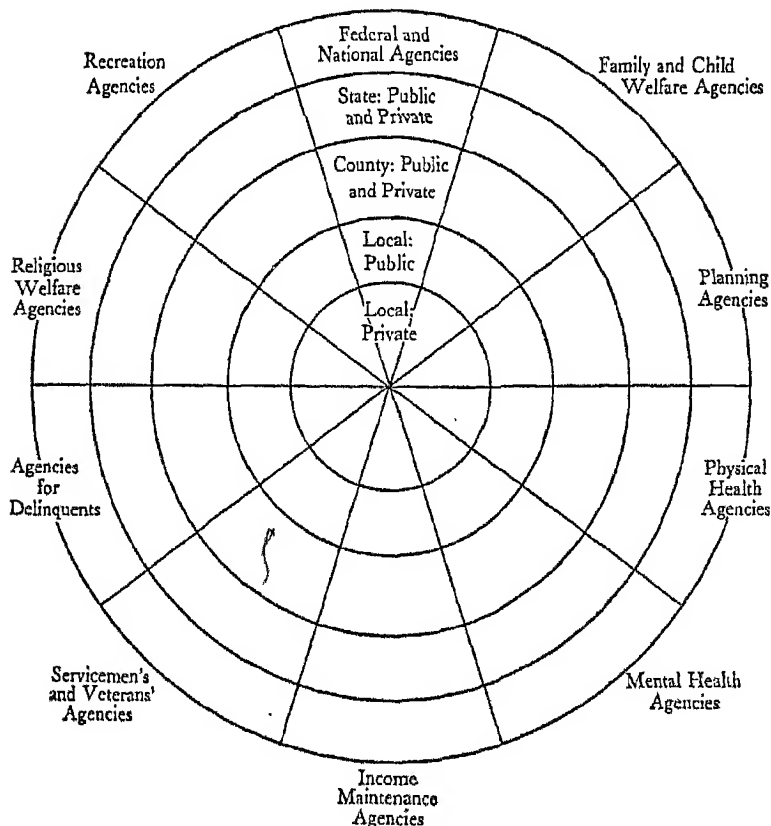


ILLUSTRATION OF THE VARIETY OF WELFARE SERVICES AND AGENCIES
OPERATING IN A COMMUNITY

Original chart used by Charles Birt in a class in Community Organization at the University of Wisconsin

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Chapter VIII

PUBLIC WELFARE

INTRODUCTION

Public-welfare administration has traditionally been a function of local government. The depression of the '30's is responsible for the start in the great expansion of public social services, especially on the federal level of government. Prior to 1930 the individual and psychological aspects of social work received most attention. With the depression first concern was for the welfare of masses of persons. With widespread governmental participation in relief measures, the main emphasis of social workers switched to the public and administrative phases of their profession. In 1937 the National Conference of Social Work, reflecting this growth of interest, added public-welfare administration as a section for program-planning purposes. Of course public-welfare problems had been discussed at every national conference, but the same organized consideration had not been given to public welfare as had been given to other aspects of social work activities.

DEFINITIONS

Public welfare means different things to different minds. To the lawyer, public welfare is anything done by government for the "general welfare" (the constitutional phrase), from building roads for farmers, to quarantining for smallpox, to furnishing public assistance to the blind, to obtaining institutions for the insane. To the political scientist its meaning is practically synonymous with what the British call the social services or what we call (public) social-welfare activities. Public provision for recreation, housing, assistance, rehabilitation, employment services, the social insurances, public health, welfare activities, are within the meaning of the term. The common denominator of all of these services is governmental administration of activities concerned with the health, security and well-being either of special groups of persons or of the entire citizenry.

To the social worker public welfare means public support of welfare services but there are differences of opinion regarding (a) which ones should be called welfare services, e.g., is public housing a welfare enterprise? (b) whether public-welfare activities are or are not social work and if so which ones; (c) at what points social work skills are essential. Some think the measures included in public welfare should be limited to the older and historical services such as: (1) the various public assistance measures; (2) the special provisions for such groups as the mentally and physically disabled, the aged, children, and delinquents; and (3) the institutional programs for various classes of persons. Others share the interpretation of the political scientist, choosing not to restrict the meaning to the older welfare services but to include many of the newer ones too. All agree that whether the restricted or comprehensive meaning is given to public welfare, many types of experts are used as attendants, guards, housemothers, teachers, insurance and financial experts, statisticians, accountants, doctors, nurses, laboratory technicians, lawyers, and social workers.

Social workers generally consider the actual administration of public welfare to be a function of social work although they admit there may be exceptions. For example, shall the superintendent of an institution for the subnormal or mentally ill be a physician or a social worker; shall the head of a school for dependent children be an educator or a social worker?

Social workers who give a broad meaning to public welfare believe that: (1) there is room in these programs for social-work expertness particularly in interviewing methods and in community relations; (2) many of these programs can advantageously be administered by social workers if to their present education is added greater knowledge concerning these broader services; (3) every social worker has an obligation to know about and to understand the newer social services and to be a force in securing them.

Whatever definition social workers give to public welfare, administrators of the more comprehensive social services do not think of themselves as welfare workers and certainly do not label themselves social workers. To illustrate, the administrator of a social-insurance program believes that certain aspects of public welfare are concerned with discretionary administration of relief. In his program, benefits are dispensed as a matter of right and not of personal need. He and the welfare worker are both engaged in the administration of a social-security program, but his function is the administration of a preventive activity within a framework of economic institutions

while the welfare worker's is a palliative activity within the framework of social institutions. Neither do housing experts identify themselves with welfare workers. As a matter of fact they are usually engineers or architects or economists. They do concede that social work has a place in their field, especially in relation to the selection and supervision of tenants. Experts in other fields of public service feel similarly.

With disagreement rife among the various bodies of experts, a definition is difficult to formulate. Eduard Lindeman, author and teacher in the New York School of Social Work, described public welfare substantially as follows: The term *public welfare* has come to mean certain aspects of the welfare of the public which are vested in governmental authority. Organized welfare, or social work, as conducted under the auspices of privately-controlled philanthropic agencies, is distinguished from public welfare, which may be called public social work. Not all services rendered by a governmental agency and financed through public funds, such as paving city streets is a public-welfare activity. The term has become arbitrarily restricted to governmental services rendered on behalf of certain individuals or groups within the public; namely, those who lack the means of subsistence; those who need protection because of their immaturity or incapacity; those who need to be guarded against various diseases and infections; those who are without adequate family or parental guidance; and those whose behavior constitutes a threat to the general welfare.¹

Howard Russell, general secretary of the American Public Welfare Association, defined public welfare as "that area of governmental responsibility which undertakes to assure security and opportunity for effective social adjustment to people on an individual or family basis by meeting needs not otherwise provided for, including financial assistance for the needy, protection from social exploitation for the weak and helpless, and services of a rehabilitative or alleviating character."²

Both Lindeman and Russell apparently include in public welfare: (a) the various types of assistance programs—general assistance, work relief, assistance to special groups; (b) activities for the prevention and treatment of delinquency, physical and mental handicaps, dependency; (c) services for the protection of children such as licensing or

¹ Eduard C. Lindeman, "Public Welfare," *Encyclopedia of Social Sciences*, Vol. 12, pp. 687-689.

² Howard L. Russell, "Public Welfare," 1945 *Social Work Year Book*, pp. 351-363.

operating children's agencies and institutions, adoption programs, training schools; (d) services for the protection of the aged, the chronically ill, the feeble-minded, the administration of probation and parole services; (e) the social insurances; (f) public housing.

Louis E. Mosch, editor of *Public Welfare*, a periodical published by the American Public Welfare Association, recently wrote: "We (administrators and public welfare workers) are beginning to recognize that public-welfare agencies have a broad responsibility for all persons in need of any assistance or service which the community does not otherwise provide. More and more that responsibility must be less and less circumscribed by eligibility requirements, program inadequacies, and jurisdictional limitations."¹ This concept of the residual nature of public-welfare activities makes possible change in program content as conditions change.

HISTORICAL BACKGROUND

The taproot of public welfare and its administration is the relief of poverty. So far as the United States is concerned, its historical development can be divided into two periods, before and after 1930. The origin of the concept of public welfare is derived from relief legislation. We pointed out earlier that care of persons in distress came through such primary institutions as the family, the clan, the feudal system, which was somewhat analogous to the plantation slave system of the South in the United States, and the church, which rendered its services through monasteries, hospitals, orphanages, ecclesiastical relief agencies. With the break-up of the feudal system, these methods of care were inadequate, and in the sixteenth and seventeenth centuries the concept that the state has an obligation to supply assistance to persons in need emerged.

Local Control. The most significant statute for the development of public welfare in the United States is the Elizabethan 1601 poor-relief law. It imposed upon the parish, a political as well as an ecclesiastical unit, the obligation for the care of persons in dire distress who were residents of the parish and whose legally defined relatives were unable to help. Four principles laid down in the statute are local responsibility through taxation, service to individuals, legal residence, and the responsibility of relatives. They are

¹ *Public Welfare*, Journal of the American Public Welfare Association, Editorial, August, 1946.

still found in our poor laws which characteristically have been administered by officials with a penal and restrictive philosophy.

Subsequent to the passage of this act, numerous other laws were passed in England and the United States imposing responsibilities upon various units of government for either outdoor or home relief, or indoor or institutional relief. The indenture system, the almshouse, and the workhouse emerged as additional methods of caring for poor persons. In a relatively short time there was a hopelessly mixed or conglomerate population in the almshouses. Children, criminals, the aged, the sick, the able-bodied unemployed, the lazy, the migrant, were all lumped together. Hence reformers emphasized the necessity of classifying types of workers and persons. So both in England and in the United States there grew up institutions providing specialized care for various classes or groups of persons, such as those for the protection of children deprived of proper parental protection, those for delinquent children, hospitals for treatment of different diseases, special institutions for adults such as reformatories, prisons, homes for the aged, *etc.*

Somewhat subsequent to this expansion of institutional resources came the enactment of legislation making provision for special classes or categories of dependent persons who could be relieved in their own homes. Prior to the depression of the '30's, relief for poor persons was generally locally administered with no state supervision. In the case of a few categories of persons, such as dependent mothers, the aged, and the blind, it was jointly financed and administered by local and state governments. The local unit of government, town or county, was almost altogether autonomous in the general relief field. Federal assistance was not in the picture.

State Control. In the field of institutional care there was before the '30's a well-developed program for some measure of state control. This was true both of state-financed institutions such as hospitals for the insane, prisons and reformatories, and of locally-supported institutions such as jails and almshouses. This movement was started in Massachusetts in 1863 when the first state department of public welfare, then called the Massachusetts Board of State Charities, was created. Before that date, each of the many institutions had its own board of trustees, which made its appearance before the legislature and secured such funds as the group could wheedle. The more challenging the need and the more graphic the appeal, the more funds a

particular institution received. Standards of care as between institutions differed tremendously. It was obvious to many that there was need for a central agency to supervise the finances of all institutions and to develop minimum standards of care.

Following the establishment of the first state board of charities, there developed a widespread move to obtain some measure of state supervision and control: first, over state-financed institutions; second, over locally-financed institutions such as almshouses, jails, work-houses, institutions for children; and, third, over community services such as licensing of foster-homes for children and standards of protection for children born out of wedlock.

There were great differences among states in the evolution of structure and functions of departments of welfare. Sometimes there was an advisory board, whose members were appointed by the governor and confirmed by the senate, with the power to appoint a director. Sometimes there was a director appointed by various methods with an advisory board of three or five or more members. Sometimes the department worked with the boards of trustees of each institution, and sometimes these boards were abolished and the state department had complete control of the management of all institutions. The trend at present is toward a coördinated state department of welfare comprised of a board of citizens with power to appoint a director and with such advisory, supervisory, and administrative functions as the legislature sees fit to confer.

Federal Control. With the deepening of the depression it became obvious that new resources predominately on the federal level must be provided. All of the states had poor-relief laws, but local funds were entirely inadequate to finance the gigantic burden caused by involuntary unemployment. So thoroughly convinced, however, was the Hoover administration, first, that the relief of unemployment was primarily a private-agency problem, and second, that when it became a public problem, it was one for the states and localities, that it took several years of great suffering before legislation was obtained providing federal funds for unemployment relief. This was partly because the president feared that the provision of huge amounts of funds for relief would demoralize masses of the population and take away from them "the rugged individualism" of our economy. He further feared pauperizing of the states. In addition, ever since the 1854 veto by President Pierce of the Dorothea Dix bill for federal grants-in-aid to the states for the care of the insane, it had been as-

sumed that public-welfare activities are state and not federal functions.⁴

Social workers can be proud of their part during the depression in the effective presentation of data before legislative committees. They can also be proud of the principles and policies evolved by federal leaders, and in some instances state leaders, for administering these programs. The name of Harry Hopkins will go down in history not only as the confidential advisor of Mr. Roosevelt in the war crisis, but as the first administrator of a federal program of unemployment relief and as the advocate of many New Deal programs for the maintenance of the morale of the unemployed.⁵ The names of some state administrators such as Alfred Briggs of the Wisconsin Emergency Relief Administration and William Haber of the same agency in Michigan will be remembered by social workers as those of courageous and advanced thinkers.

By 1935 when the Social Security Act was passed, there were several federal work relief and assistance programs and numbers of specialized public assistance programs in the states. The Federal Emergency Relief Administration (FERA), the Work Projects Administration (WPA), the National Youth Administration (NYA), the Federal Surplus Commodities Corporation, the Resettlement Administration, were all organizations designed to put the federal government into the "relief business" and so to put into effect a new welfare policy. The federal government and many states had a variety of laws providing veteran benefits. Forty-five states had laws providing aid to dependent children, twenty-eight had old-age-assistance laws, and twenty-seven had blind-assistance laws. There was great variation between states as to what agencies shared in the administration of the special or categorical forms of public assistance and in setting the standards of administration. These special programs were curtailed, even jeopardized by the depression, since the locality had to use all available funds from whatever source for the relief of unemployed persons in distress.

The pressures that grew out of the depression were sufficient to bring about the passage by Congress in 1935 of the Social Security Act, which provides three kinds of programs: (1) social insurance for the aged and for the unemployed; (2) grants-in-aid to the states for

⁴ Sophonisba Breckinridge, *Public Welfare Administration: Select Documents*, Chicago: University of Chicago Press, 1938, pp. 195-234.

⁵ Helen I. Clarke, *Social Legislation*, New York: D. Appleton-Century Co., 1940, Chapters 23, 24.

three forms of public assistance; viz., for the blind, the aged, and dependent children; (3) social services through grants-in-aid to the states for special programs including child-welfare services. These three programs are now commonly referred to as social-security measures since all are concerned with "governmental maintenance of income for the individual or social provision of a substitute income when the income normally earned by the individual fails." ⁶

In 1939 Congress added to the act several liberalizing provisions including the requirement that all employees, federal, state, and local engaged in the administration of the various aspects of the act shall be subject to civil-service or merit systems. That same year the president, exercising authority given to him by Congress set up two new federal agencies, the Federal Security Agency and the Federal Works Agency. The establishment of the new agencies and the inclusion of the merit system provisions in the Social Security Act meant that the federal government was in the public-welfare picture to stay.

Merit Systems. In 1883 with the passage of the Pendleton Act the theory of civil service was introduced. The original idea was to make it impossible for politics to dominate the selection of tax-paid personnel. Gradually, the idea grew that civil-service laws should not only prevent the political appointment of personnel, but should encourage positively the selection of competent personnel. Congress, however, did not require a merit system of any kind for the employees of the relief and work-relief agencies which it set up during the depression decade. FERA, WPA, CCC employees were secured "catch as catch can." This was largely due to the fact that Congress considered the agencies temporary and feared that personnel selected under the merit system would tend to perpetuate agencies beyond their period of usefulness.

On June 30, 1936, 60.5 per cent of the federal executive staff was on civil service. Subsequent to that date a great many additional federal employees have been brought under civil service. In 1939 when Congress modified the Social Security Act to require that every employee connected with the administration of the act was to be subject to a state merit system approved by the Social Security Board, the largest social work program in the United States put into practice two principles; first, the exclusion of politics from the selection of personnel in public social work and, second, the employment of com-

⁶ Reprinted by permission from *Problems of the Post War World*, edited by T. C. McCormick; chap. "What Road Is Forward in Social Security?" by Elizabeth Brandeis. Copyrighted, 1945, by the McGraw-Hill Book Company, Inc.

petent personnel. Thus Congress recognized that public welfare service is technical and that only experts should be employed in its performance.

Before 1939 several states had general civil service laws which included state-employed public-welfare personnel. After 1939 every state *had* to have a merit system applicable to state and local employees under the Social Security Act. The significance of the merit-system amendment can be appreciated when it is realized that approximately 100,000 state and local personnel were involved in the system in those states in which civil service systems did not formerly exist. Relatively few municipalities as yet have civil service laws which apply to public-welfare employees but it is only a matter of time until municipal merit systems are as much taken for granted as the federal system. Public-welfare administration in its many phases is becoming a career service. The use of the merit system is an important method of raising, preserving, and protecting personnel standards.⁷

Summary. Restating the previous discussion it can be said in the *first* place, that prior to the depression of the '30's public-welfare developments included the following:

1. Universal state legislation providing local (town, village, city, county) poor-relief systems which inherited their content from English legislation of the sixteenth and seventeenth centuries.
2. Development of many types of institutional care for different classes of persons, supported by state and local governments.
3. Development of state departments of welfare which exercised varying degrees of authority over state and local institutions and community services.
4. Development by the states of three types of public assistance programs often referred to as categorical assistance with local control predominant.

In the *second* place, as a result of the economic situation of the '30's, several significant developments occurred:

1. The federal government assumed responsibility for setting up relief and works programs for the unemployed.
2. It initiated two significant social-insurance programs.
3. It assumed responsibility for participation with the states in certain relief and welfare programs.
4. It provided for the coordination of several welfare functions.
5. State governments extended and expanded their relief programs.

⁷ Alice Campbell Klein, *Civil Service in Public Welfare*, New York: Russell Sage Foundation, 1940; Weinfurther and Mosch, "Personnel Practices in Public Welfare," 1941 *Social Work Year Book*, pp. 394-403.

6. State and federal welfare departments worked together on standards of care for numbers of classes of persons.
7. Local units of government hung on to the administration of poor relief (relief of the uncategorized poor) but learned to take help from state agencies in the administration of other welfare programs.
8. The tax-paying public came to accept the necessity of government-operated and controlled welfare activities and to recognize the desirability of competent personnel, which in turn resulted in the extension of merit systems to the employees of the several welfare programs.

The war was responsible for the withdrawal of several public-welfare agencies of the depression period, but the principle of federal responsibility for needed services remained. The WPA, CCC, NYA, and other agencies set up to help the distressed unemployed died; but new agencies such as the Children's Bureau Commission on Children in Wartime, the War Relocation Authority concerned with the removal from the west coast and the relocation of persons of Japanese descent, the Office of Civilian Defense interested in providing an organization pattern through which to mobilize community resources, the Office of Community War Services with its bureaus of Recreation and Social Protection, the Fair Employment Practices Committee, were established to meet the needs of a country at war. With the cessation of the war these agencies, like depression organizations, died a natural death.

The three most significant federal-welfare agencies in the immediate post-war period were: (1) the Federal Security Agency; (2) the Veteran's Administration, and (3) UNRRA, really an international organization but largely financed by the United States. Government is the largest business enterprise in this country; the largest part of that business is given over to welfare activities; and the largest per cent of welfare services is devoted to veterans. The administration of welfare services is clearly so important a function that it is only a matter of time until Congress enacts legislation which will create an eleventh cabinet post, quite likely a department of health, education, and welfare. Pressure from veteran groups to keep their programs clear of a relief or welfare connotation will undoubtedly prevail to keep veterans services out of the new cabinet department but the fact remains—the Veteran's Administration administers the largest single welfare program in the world—unfortunately almost devoid of what some think should be the core skill—social work.

PROBLEMS AND SKILLS IN PUBLIC WELFARE ADMINISTRATION

Problems. Many of the problems in the administration of public welfare or the public social services are inherent in governmental operation; some are special. Among these problems are the following:

1. The resistance of localities to centralization of authority.
2. Conflict in responsibilities between various levels of government.
3. The influence of pressure groups in attaining special privileges.
4. The effects of special privileges for certain groups upon other groups, for example, veterans or the aged upon services for children.
5. Conflict in theory regarding values of general relief, work relief, and public works.
6. Inadequate supply of trained personnel.
7. Inadequate salary and wage scales.
8. Political pressure upon employees.
9. Duplication of services and lack of coordination of activities on the various levels of government.
10. Methods of financing programs.
11. Adaptation of programs and services to crises.
12. Anachronistic provisions of legislation, *e.g.*, the legal settlement provisions of public-assistance laws.

Every reader has heard some of these problems discussed over a dinner table, sometimes with amusement and often with rancor. Perhaps one story illustrating the first problem will suffice. Some years ago, a midwestern and poverty-stricken county with a large percentage of its territory in cut-over timber lands could not obtain competent staff to deal with acute local relief problems. Local officials were prevailed upon to accept the recommendation of the state supervisory agency that it lend them a competent staff member for three months. A state worker, trained in case-work methods, arrived to smooth out local wrinkles. Great was the distress but also the mirth of both state and local offices when this "competent" young worker attempted to use "good sense" in the solution of a dilemma presented to her.

At the time there was a regulation that no more than a stipulated amount of potatoes could be allowed an individual. A certain Irish family with several children, accustomed to eating potatoes by the bushel instead of the peck, protested loudly that its rations were inadequate. The "qualified" worker solved the problem, so she thought, by attempting to equate potatoes with rice! Imagine the astonishment of the family when the grocer delivered enough rice to

last even a Chinese family for months and months! This kind of false step by a state worker, presumably qualified both to supervise and to teach local staff, brings resistance to trained workers, professional standards, state authority and remote control.

Skills. We have already pointed out that there are many fields of activity in the conduct of public-welfare services. Each specialty has its own particular problems, its own set of skills, its own theory of operation. Administration, however, whether done in the field of medicine or business or social welfare has basic processes and skills. *Subject matter* is the primary difference, although because there is a difference, adaptations of skills and tools must be made. Social workers prefer that social workers be executives of public-welfare departments just as doctors want doctors to be superintendents of hospitals. The ideal is, of course, not always achieved.

Lewis Meriam likened "public administration to an instrument with two blades like a pair of scissors. One blade is a knowledge of the techniques of planning, organizing, staffing, directing, coordinating, and budgeting; the other blade is knowledge of the subject-matter field in which these techniques are applied. 'Both blades must be good to make an effective tool.'"⁸ Luther Gulick suggests the use of a tailor-made word *posdcorb* to help remember these functions.⁹

Many techniques are involved in each of these *posdcorb* processes. For example, a serious concern of every public welfare administrator is *public relations*. It underlies all his other jobs. He must so guide public opinion that the services rendered by his agency can achieve maximum effectiveness. He must explain and interpret so as to prevent sudden disastrous modifications of agency activity demanded by unsympathetic city councils, county boards of supervisors, legislative committees, lodges, unions, churches, or business men's groups. Further, he must develop *working relations* between public and private social agencies. This means a clear definition of function and a willingness to confer when the line of demarcation is doubtful. To illustrate, in a certain city the municipal-relief department decided that it would not give relief to persons whose income from full-time employment was inadequate for the needs of their families. The private family service agency was obliged to supplement the income

⁸ Marietta Stevenson, *Public Welfare Administration*, New York: The Macmillan Co., 1938, p. 108; contains quote from *Public Service and Special Training*, by Lewis Meriam, Chicago: University of Chicago Press, 1936.

⁹ *Ibid.*, p. 126; Gulick and Urwick, *Papers on the Science of Administration*, New York: Columbia University Press, 1937, p. 13. The "R" in *Posdcorb* stands for reporting. The function of the second "o" is euphony.

of such families if the bread-winners were not to be forced to give up their jobs and go on full relief. The two agencies, in disagreement on this policy, arranged a friendly meeting of the "public" of their agencies. After a thorough review of the pros and cons of the public agency policy, no change was made in that policy, but there was better feeling between the two agencies because each was convinced that the other was sincere in its convictions.

Another exceedingly important aspect of public-welfare administration is *staffing*. The forward-looking administrator thinks constantly of how to improve staff. He is, therefore, interested in staff training, which may be brought about in several different ways: (1) by supervision; (2) by furnishing literature including manuals, professional magazines, books, and monographs; (3) by staff conferences; (4) by classes; (5) by leaves of absence for special education and training. The first four methods we call in-service training, the fifth professional training.

In-service training programs are particularly important when the staff has had little professional education and experience or when it is old and stale on the job. Agencies with able but untrained personnel often attempt to stimulate a desire for leaves of absence with or without stipend. Several federal agencies have been doing this; for example, the Federal Children's Bureau has encouraged state departments to grant leaves of absence with pay for potentially valuable child-welfare workers. The Bureau of Public Health Service has done likewise for doctors and nurses. This course of action by these two bureaus is possible as a result of provisions within the Federal Social Security Act.

The use of budgeting techniques is another responsibility of the administrator. To Elwood Street the budget is the beginning of the spending process.¹⁰ Be the agency large or small, with a staff of two or of several hundred, whether publicly or privately supported, budgeting is a requisite of competency. The budget which an administrator must prepare and defend is a description in dollars and cents of what he thinks the expenses of his agency will be in the period for which the appropriation is made. It is built upon past experiences and upon carefully anticipated needs. The public assistance administrator, for example, has to predict as accurately as possible the effects of rising or decreasing employment, of higher or lower wages and costs of living, of increased costs of personnel. So far as

¹⁰ Elwood Street, *The Public Welfare Administrator*, New York: McGraw-Hill Book Co., 1940, p. 161.

possible the good administrator asks for what he believes he will need—no more, no less.

Perhaps we have given a sufficient number of illustrations to make clear that it is subject matter and objectives rather than methods that distinguish the administrative activities of the social worker from those of other experts. Many of these activities are employed in community organization and *vice versa*, but administration of public or private welfare activities and community organization are not the same thing.

TRENDS IN GOVERNMENTAL ADMINISTRATION AFFECTING PUBLIC WELFARE

Developments in public-welfare administration reflect trends in public administration. As long ago as 1932 a group of scholars wrote a volume entitled *Social Trends*. Numbers of articles in that book show the direction in which governmental administration is moving. Several are of significance for our present discussion; they are "Privately Supported Social Work," "Public Welfare Activities," "Taxation and Public Finance," "Public Administration," "Government and Society." From them, and particularly from the last two, we have culled several observations and generalizations which seem to us valuable for workers in the public-welfare field.

1. In the twentieth century there has been a great expansion in governmental activity particularly in the provision of personal services.

2. Associated with the great expansion of governmental activities has gone a demand for improved service. Civil service has been greatly expanded on the federal level and is expanding on state and local levels. There is increasing recognition of the fact that the values of the common man in governmental administration are few. His function is that of informed voter.

3. This great expansion has meant increasing departmentalization or bureaucracy and increased administrative power of executives with the possibility of the development of "little czars." This may mean that each division or bureau arrogates to itself many extraneous responsibilities, and sets up its own machinery, often just "red tape." Unless these petty chiefs have a philosophy of government that includes the ideas of service through coöperation, coördination, and integration, the accusations of many critics of expanded governmental activities are justified.

4. Along with increased activities has gone the march of power and influence from the city and county court-house to the state capitol and from there to Washington. Governmental powers tend to flow toward agencies which demonstrate their capacity to deal with those social issues demanding the intervention of government.

The shifts from state to federal authority reflect the incapacity of states to deal with the problems of welfare, transportation, communication, merchandising, labor-capital relations, etc. The increasingly close relationship between federal and state governments has stimulated the latter to new activities. Probably that is also true of the influence of state upon county and municipal activities; but not of the relations of state and county to the town, which is becoming a less and less important unit of government. The public social worker observes how inadequate towns and villages are to handle public assistance, school attendance, child labor, etc.

The problem of how to maintain a reasonable balance between center and circumference—between national unity and local self-government—grows. In other words, there has been a great shift of power from local authority and control to more remotely located authority and control, which in turn tends to mean two opposites—increasingly competent professional personnel and lack of understanding by this same personnel of local problems and resources.

5. Along with this shift in balance of power and multiplication of governmental agencies has come the need to centralize function and control. The very multiplicity of agencies requires pooling, sharing, distributing, and coördinating. Innumerable devices are used to facilitate these processes, such as inter-departmental committees, conferences, joint projects.

6. The influence of professional groups, special-interest groups, and political pressure groups upon the function of government agencies and personnel standards has been and continues to be tremendous. The man in the street, has great difficulty in ascertaining the proximate truth as between opposing groups. Hence the great need for interpretation, education, publicity.

7. Governmental agencies are giving great attention to the obtaining of scientific and accurate information on which to base present and future activities and policies. The publications of the Bureau of Labor Statistics, the Census Bureau, the various government Planning Commissions, reflect the wish of many governmental departments for scientific data. This type of information is needed by

governmental agencies but its simplification and popularization are needed also for the common man.

8. As government becomes more complicated and as legislatures increasingly recognize the unwisdom of attempting to legislate upon every detail of administration, more discriminatory authority is given to boards, commissions, and chiefs. This requires competent personnel in possession of scientific data and with an impartial, courageous point of view.

Practitioners in public-welfare agencies, and especially administrators, need to be aware of these general trends so that they can understand and influence the movement of forces in their own field. For example, a competent and intelligent administrator of a county welfare office will not resent visits of state field supervisors, he will only resent dictatorial, incompetent, or unsympathetic representatives of the state. Or a director of a state welfare department will not begrudge auditing of books by a competent federal accountant when 50 per cent grants-in-aid are coming into the state. Nor will federal servants scoff at the desire of state servants to employ their own resourcefulness and ingenuity in improving state service.

EDUCATIONAL RESOURCES

The great expansion of public-welfare activity has brought an increase in literature on the subject. Publications emanating from both public and private sources are numerous. It is only necessary to mention the bulletins and studies of the Social Security Board, the now extinct National Resources Planning Board, the Federal Children's Bureau, UNRRA, Community War Services, to appreciate the volume and quality of publications which come from the federal government. Those of such private organizations as the National Planning Association, the American Public Welfare Association, the Public Affairs Committee are equally high in quality.

The early policy of schools of social work to train students for work exclusively in private charity-organization societies is slowly being abandoned. Today all schools of social work include courses in many aspects of public-welfare administration in their curricula. Some of the schools even include *administration* in their titles as does the University of Chicago in its "Graduate School of Social Service Administration."

Although schools of social work give courses in public-assistance administration, social insurance, public-welfare administration, the

welfare administrator and government, financing public-welfare programs, etc., there are almost no resources for field work in the actual administration of public-welfare services. As with the areas of community organization and social action, this is because students lack maturity and experience and because of the differences of opinion among social workers as to what should be the type and content of such experience. From 1937 to 1939 the State of Wisconsin conducted an interesting and valuable experiment in training for state career service. Several state departments accepted on to their staffs students just graduated from the university who wanted training in public administration. The students were routed from one division to another within a department where they were given careful supervision. They met in classes and in staff conferences; they received a small honorarium, virtually a scholarship. The scheme involved much more than apprenticeship training. Unfortunately after two years the legislature cut off the appropriations. Although this plan omitted work with client groups, it did give an overall picture of administration within the area of the student's special interest, something now lacking in social-work training. There is much need of extended experimentation in training methods for public service.

In a significant article entitled "Implications of Reconversion for Schools of Social Work," Eveline Burns, largely responsible for the writing of the report, *Security, Work and Relief* of the now defunct National Resources Planning Board, emphasized the need for broader education of social workers especially in the public social services.¹¹ She believes schools must expand their curricula so as to include much more than concentration upon individual services. In view of the millions of persons who will be affected by the adjustments of the reconversion period, individualized treatment will be impractical, and the sheer weight of numbers will necessitate recourse to mass measures. Schools of social work, then, according to Dr. Burns, need to recognize:

1. That case work training will not be necessary for all students in the same degree, although some of it will be essential for all.
2. That training for administrators of the social insurances is a social work function, and that the aim of such training is not just the understanding of administrative skills but the ability to plan and to formulate policies.
3. The need for specialized courses in methods of analysis and in such fields as social insurance, housing, vocational counseling, employment-service work, and public-health administration.

¹¹ Eveline M. Burns, "Reconversion and Its Implications for Schools of Social Work," *Social Service Review*, June, 1945, pp. 194-200.

4. The need to give to the entire student body an understanding of economic forces.
5. That such changes imply that the schools must play a greater rôle in giving intellectual leadership to campuses.
- 6. That schools must be more active in the field of research as a basis for community planning.
7. The need to expand school offerings in post-professional education.

CONCLUSION

Public welfare had a very different content in 1946 than it had in 1826 or even in 1926. We have pointed out some of the developments. It seems to us that there are signs on the horizon which justify indicating some of the directions along which we are moving. Among them are the following:

1. The integration of public-assistance functions except for veterans. The University of Chicago journal, *Social Service Review* resists this trend toward generalized relief, favoring "the break-up of the poor law" into special categories of persons who, first, shall be entitled to insurance benefits as a right and, second, to public assistance in terms of need. The widespread momentum for integration of departments and functions is reflected in the push for generalized public assistance. Another factor in this drive is the inequality of services and programs for different classes of persons as, for example, the aged and children.

2. The elimination from public-assistance programs of the restrictive and punitive features of legal settlement, forced removals, pauper oaths, enforced contribution from relatives, goods-in-kind, control of cash expenditures, etc.

3. The expansion of many aspects of existing social-insurance measures to include more beneficiaries and more adequate benefits.

4. The steadily growing demand for more adequate health provisions which may eventuate in a federal health-insurance program more or less like that proposed in the Wagner-Murray-Dingell bills. Almost every congressional session leaves behind it more facilities for the protection of the general public health or for the health of special groups.

5. The size of the veteran group which will continuously seek expanded benefits for itself and its dependents. In the field of medical care, for example, this means tax-supported services for some twelve million men who with their dependents make up thirty-five to fifty million persons—perhaps one-third or more of the population. With

so large a part of the country receiving special benefits it is only natural that there will be efforts to extend them to the total population.

6. The extension of the belief that the three levels of government operating together have a responsibility to prevent suffering when caused by crises arising out of economic conditions, war, or acts of God. This will mean new services as the occasion for them arises. It can mean that more attention will be given by organized groups to causes and methods of prevention.

7. Increasing emphasis on the needs of the two extremes of life—children and the aged.

8. Greater concern for the security and welfare of people all over the world which, if we can avoid another war, will mean increased participation in international welfare movements.

9. Increasing pressure upon legislative bodies to expand many kinds of services, such as public housing, recreation, vocational counseling.

10. Slow but steady growth in the taxpayer's realization that public welfare services should be performed by competent personnel.

11. Increasing assumption of responsibility by the social-work group for training itself to participate in many of the new developments and to integrate information about them into its basic body of knowledge.

The world is in the paradoxical situation of being on the brink of World War III and at the same time of being more concerned with human welfare than ever before. The profession of social work is not in a position to do much directly and specifically about the prevention of wars, but it is in a strategic position to encourage the expansion of services in the large field of social welfare and to perform competently within that area.

EXERCISES

1. Discuss three meanings of public welfare.
2. Discuss three stages in the development of public welfare.
3. Discuss the meaning of the invented word, *Posdcorb*.
4. What is the significance of merit systems and civil service to public social work?
5. *a.* Choose one of the type problems, on page 157, and give an illustration if possible from your own experience.
b. What techniques were used or might have been used in the situation?
6. Select one of the generalizations regarding trends in governmental organization, on pages 160-162 and relate it to public welfare administration.

7. What are the most recent developments in the agitation for a cabinet post of Health, Education and Welfare?
8. What signs do you see which indicate the directions in which public social work seems to be moving?

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Chapter IX

SOCIAL ACTION—SOCIAL REFORM

INTRODUCTION

In an earlier chapter we attempted to show that Jane Addams' greatest contributions to social work were to social philosophy and social change and that Mary Richmond's were to practice and methodology. Each made striking contributions to the field of the other's primary interests, so it is perhaps unfair to label the one primarily, social philosopher and reformer, the other social technician. Most social workers are more of the one than the other; every social worker, however, should have something of both.

Social work, the profession, is the result of two dominant strains: (1) theories, enthusiasms, convictions—philosophy; (2) techniques, information, methods,—practice. Both are essential if a social worker is to be more than a narrow performer and perfectionist or a rampant reformer and zealot. Until the period of the exaggerated influence of psychiatry, many social workers were both reformers and technicians. For a couple of decades case workers almost lost their professional souls in their devotion to adjustment of individuals and in their neglect of social conditions. The depression rudely jounced them from this complacent "holier-than-thou" attitude, with the wholesome result of rededication to twin purposes. There are a few writers who concentrate on narrowing the professional confines of social work, but they are in the minority.

It is our conviction that a practicing social worker without a philosophy that impels constructive participation in social change is of limited value. This is not to imply that every social worker will devote an appreciable portion of his time to social action, or that every social worker is temperamentally or intellectually equipped to conduct research, draft bills, and handle public opinion. It is to say that every social worker has a professional duty to see where he can achieve social improvement whether it be little or big. It is imperative that he recognize that social action is a function and not just a side issue of social work.

On the other hand, the reformer who performs without facts may actually obtain support for unsound programs. The essential is a nicely balanced combination of skills and assumption of responsibility for bettering social conditions. The particular bent of interest will depend largely on the personality and experiences of the worker. Some will start with an enthusiasm for social movements, others, with an interest in helping individuals. Hence, some people in social work, as, for example, Jane Addams, Julia Lathrop, Florence Kelly, the Abbotts, Katharine Lenroot, Sophonisba Breckinridge, Harry Lurie, Harry Hopkins, are primarily identified with social improvement and social movements; others, among them Mary Richmond, Porter Lee, Gordon Hamilton, Grace Coyle, Fern Lowry, Virginia Robinson, Charlotte Towle, are associated with the methods of the profession.

Regardless of which approach we start with we will incorporate the other if we grow in our profession. Competency in performance plus a philosophy which requires us to participate in social action is the ideal combination for professional adequacy. To many it seems a mistake for social work to become so practical, so technical, and so detached that it loses its devotion to convictions and its enthusiasm for the eradication of social evils. There is a place for the Isaiahs and Jeremiahs of olden days, *provided* facts are knit together with emotions and conscience.

Someone, commenting on Jane Addams' death wrote: "Social work is at a fork in the roads; it must decide whether it is to remain behind in the area of caring for the victimized or whether it is to press ahead into the dangerous area of conflict where the struggle must be pressed to bring to pass an order of society with fewer victims. Miss Addams . . . had already passed that fork. She was among those who were intent on gaining a social system so intelligently and justly designed that there would be no victims."¹

In a significant paper, "The Nature of Social Action," read before the 1940 National Conference of Social Work, John Fitch, then of the staff of the New York School of Social Work, showed how new is the rôle of social action as an integral area of social work. He did not mean that social workers have not always been more or less interested in the roots of individuals' problems, but that social action as mobilization of public opinion, legislation, and public administration in the field of the social worker's competence and by scientific means is new.

¹ Quoted by Elizabeth Magee, in "Social Workers and Social Legislation," *Proceedings of National Conference of Social Work*, 1935, p. 496.

In 1909 the conference set up a committee to deal with economic problems which was to have a place on the program. It was to concern itself with social and economic justice and with standards of living. In 1934 with the reorganization of the conference, a section on social action was created along with case work, group work, and community organization. In his 1940 talk, Mr. Fitch pointed out that if in 1934 it was the purpose of the conference to establish social action as a functional area of social work, that purpose had not been carried out. Excellent as had been the discussion of social problems, the conference had done little to define terms, areas of activity, and techniques. In 1944 a special committee of the conference reported on its concern over the seeming tendency among the program committees of the sectional groups to avoid topics which if pursued to their logical conclusions would result in more personal participation in social action. It believed that there should be a more uniform distribution of social action topics throughout all sections. It also believed that the time was overripe for identifying, codifying and promulgating material on the methods of social action.² All this shows the hard row that social action has had to hoe, and still does, to get adequate recognition as an area of social work.

DEFINITIONS

Social action, according to Mr. Fitch, involves more than the popular concept of group effort directed toward some end. "Social action," he said, "is legally permissible action by a group (or by an individual trying to promote group action) for the purpose of furthering objectives that are both legal and socially desirable."

Social workers disagree as to what subject matter is within the scope of their social-action function. There are three main types of activity that fall within the province of social action. They are by no means limited to the interests of the social worker nor are they usually carried on by social workers.³

1. Group action for the purpose of achieving beneficial results for the group itself. Examples include consumer's co-operatives, labor unions, professional organizations, Townsend groups, associations of tenants, neighborhood groups for adequate sewage disposal, etc. Social workers may be members of several such groups. They generally belong to professional organiza-

² Audrey M. Hayden, "Social Action," *1945 Social Work Year Book*, pp. 412-415.

³ John Fitch, "The Nature of Social Action," *Proceedings of National Conference of Social Work*, 1940, pp. 489-490.

tions and in small numbers to labor unions. The question can legitimately be raised as to whether when social workers participate in such organizations, they are engaging in social action as a function of their job or merely as a form of self-interest.

2. Specially organized groups to carry on campaigns to influence group attitudes and patterns of behavior on such subjects as safety, civil liberties, public housing, health insurance, curtailment of crime, improved school facilities. The encouragement of just any program for the general well-being is not the function of the social worker. When the campaign has to do with satisfying individual needs, as for example, for decent housing or adequate medical care or of removing barriers, such as low wages, which obstruct people from achieving their best, social action is within the range of the social worker's function. However, at present by no means everyone who engages in these programs is actually a social worker.

3. Community action through already existing and regularly constituted governmental and political channels. Action may take place by bringing pressure on administrative departments to increase their effectiveness or by identifying with political parties and by utilizing the vote. Subject matter may range from a change in the economic and political order, to a referendum on control of the atomic bomb, and the creation of a fair employment practices committee. Social workers have no monopoly on these particular tools of democracy!

THE RÔLE OF THE SOCIAL WORKER IN SOCIAL ACTION

Students' uncertainty about what is and what is not social work is due, in large part, to the fact that there actually is so much confusion in practice and theory. We have shown this in preceding chapters. We shall now attempt to state the confusions concerning the place of social action in the profession and to do it by showing subjects on which there is or is not general agreement.

First, it is agreed that all social workers are interested in promoting the welfare of the individual and as a consequence *every* social agency sooner or later is concerned with some aspect of social action. The case worker may see the effects of inadequate housing on health; the group worker, the effects of racial antagonism on group relations; the community organizer, the effects of rivalry between labor and employer on standards of living. How far the agency will go in attempting social change depends upon many factors. For example, there are great differences between boards of directors in their willingness to step on the toes of their friends and supporters. Also some agencies prefer to turn over the social action function to a central organization such as a council of social agencies, or a state welfare council. Social work practitioners have the responsibility of keeping

their constituency informed of conditions creating the problems they handle so that the agency which is composed of supporters, staff, and clients, can share in achieving social change.

Second, it is agreed that every social worker as a *citizen* has a constitutional right to participate in any form of legal social action that he chooses whether it be as a trade union member fighting for the principles of his group; as a member of a neighborhood group advocating slum clearance; as an individual espousing the cause of religious freedom, racial equality, civil liberties, free birth-control clinics, disability and health insurance; as a member of a political party; or as a member of a citizens' political action group. There is disagreement, of course, as to when it is professionally wise and intelligent for him to act in his individual capacity for various social causes. It should not be *too* difficult, however, for an individual to determine whether he wishes to identify himself with particular causes and movements. As Wayne McMillen has written, "Within the limits of ordinary decency and integrity, expediency is a useful guide in selecting methods,"⁴ and, we might add, causes.

Every social worker knows of instances in which a major program of community action has been blocked because of antagonism to a particular social worker associated with an unpopular social movement. Each social worker must make the decision as to whether or not identification as a citizen with a particular cause will jeopardize accomplishment of larger professional purposes. If he decides that alliance with a certain movement will seriously curtail his effectiveness, as a social worker, he is not necessarily timid or a coward when he makes the choice of not joining. Rather he may be exercising professional prudence. A given social worker strongly believing in trade-union membership for social workers may decide to refrain from stimulating the initiation of such an agency at a particular moment because of the degree of community antagonisms. On the other hand, he may decide that although there will be objections, the gains to be derived will far outweigh the disadvantages. Weighing the pros and cons is the duty of the social worker, but some members of the profession hope there will not be too much timidity in decisions reached.

Third, there is pronounced disagreement as to how actively a social worker can wisely for the profession participate in political action groups either as an individual or as a member of a social worker's

⁴ "The Professional Basis for Social Action," from *Papers on Professional Function*, New York: American Association of Social Workers, 1937.

political action group. In a significant 1945 article "Social Workers and Partisan Politics," Kenneth Pray, Director of the Pennsylvania School of Social Work, attempts clarification of this perennial problem of participation by professional workers in partisan politics. He points out that while the social agency and the profession as such can act only within their functions and within the area of their internal agreement on social policies, the individual social worker not only can, but must, reach a specific conclusion. "He must do so on the basis of his own judgment, not only as to the validity of programs and principles, but as to the relative importance of these and other issues in the political arena and as to the most dependable instruments—in parties or candidates—for the attainment of these ends."⁶

He further emphasizes that as a citizen the professional social worker can express his convictions on anything, but when he speaks as a social worker, whether as an individual or as a member of a professional social-work group, or as a member of a political action group of professional social workers, he should confine himself to the kinds of problems with which he, as social worker, is familiar. Such a principle seems to rationalize the organization of a political-action group for a given political candidate by professional social workers.⁷ Many social workers, however, do not agree with Mr Pray. They believe that social workers, whether as individuals or in professional groups, should limit their reform activities to a definition of principles on those matters wherein they are experts. In his words, "Very distinguished members of the profession voiced thoughtful and sincere warnings of the difficulties placed in the way of winning united support for social-work services, when social-work leaders become involved in the public mind with parties and candidates, rather than principles and policies."⁸

In the *last* place Mr. Pray urges social workers to consider methods when advocating social change. The social worker whose professional function is helping has no professional right to call names, sling mud, impute motives. Instead he has an obligation to use facts, to recognize differences, to attempt clarification of issues.

An illustration from another area of professional activity may illuminate the point under discussion. In the 1945 Wisconsin Summer

⁶ Kenneth Pray, "Social Workers and Partisan Politics," *The Compass*, June 1945, p. 5.

⁷ See also Harry L. Lurie, "Social Action: A Motive Force in Democracy," *Proceedings of National Conference of Social Work*, 1941, p. 635.

⁸ Pray, *op. cit.*, p. 3.

School for Workers there was a two weeks' Institute for Church Leadership in the labor field. Clergymen representing many creeds, came from all over the country. Labor leaders likewise came from all geographical sections and from many different unions. These two groups discussed together the relations of church and labor and the place of each in political action groups. The clergymen listed many types of activities which they carried on such as: (1) acting as fraternal delegate to Central Labor Council; (2) acting as chaplain to unions; (3) serving on the political committee of the Central Labor Council; (4) speaking on the radio against anti-labor legislation; (5) writing articles for labor papers; (6) taking youth to visit labor meetings; (7) conducting church forums on controversial labor and national issues; (8) preaching on a denominational social creed or Papal Encyclical; (9) appearing before legislatures against anti-labor measures; and (10) having labor speakers at various kinds of church meetings.

There was no argument about the desirability of coöperation between clergy and labor although there was no unanimity of opinion as to what types of activities were best carried on by the clergy. Naturally there was difference of opinion as to the extent to which the clergy should go all out for labor causes since they are ministers of congregations with representations of many points of view. The real disagreement came to the front when the matter of identification of both labor and clergy with political-action groups was presented. The Rev. Mr. Dwight J. Bradley, Director of the Religious Association of the National Citizens Political Action Committee, urged active participation in political movements upon both groups. It was his thesis that in a democratic society all reforms are eventually bound up with political action, hence if we are to be realistic about social change we cannot evade association with political-action groups.

Well-reasoned and earnest arguments on both sides of the issue were presented. Some agreed with the Rev. Mr. Bradley; others felt that actions such as joining political movements or supporting particular candidates easily became boomerangs. No resolution of the problem was (or can be) reached. There was only recognition of the fact that there are two definable approaches. Whether a particular minister will join a citizens' political-action group or whether a labor union will set up a political-action committee are matters upon which, it was recognized, there will be disagreement.

Fourth, it is agreed that social workers as individuals or professional persons will often support specific programs because they believe in them, not because they have professional expertise about them. They may support the health-insurance provisions of the Wagner-Murray-Dingell bill without any knowledge of the actuarial aspects of the measure because professionally they realize the need for this kind of protection. Or they may support new tax measures without knowing anything about the economics of taxation because they believe in equalization of the tax burden.

In our discussion of case work we attempted to show the influence of Porter Lee upon its development. His interest in social change is significant because, although he was primarily a case-work practitioner and teacher, he was nevertheless interested in helping case workers become more realistic in their practices and more understanding of broad social issues. He would undoubtedly agree with Fern Lowry, who said in a paper read at a 1940 meeting of alumni of the New York School of Social Work, "the ultimate objectives of social case work and social action are essentially the same. Both are interested in promoting the welfare of the individual."⁸

Were Mr. Lee alive today he might or might not agree that social workers have a responsibility to join political-action groups of the independent citizens' group type or of the social-work political-action type. He did, however, feel keenly that social workers have an obligation to *advocate* certain reforms and to *support* others. In his words.

Whether the social worker has obligation or responsibility in the field of social action seems to me no problem at all. He has both the obligation and the responsibility that goes with it. . . . Our problem is rather to determine the nature of that contribution and the terms on which it can be made. . . . Participation in social action may be analyzed as presenting two types of activity: leadership or advocacy on the one hand, and support on the other. . . . Leadership and advocacy in social action on issues with respect to which one is professionally competent are direct authentic professional activities. . . . There may be social workers who are experts on taxation, on collectivism, on constitutional law, on the proposal to make the production and distribution of milk a public utility—but they did not become expert in these matters as a result of their training and experience as social workers. Unless he has had other training I do not see how any social worker could assume the rôle of leader or advocate in these legitimate fields of social action without risk both to these programs and to the status of social work. The nature of social work, however, brings its practitioners into situations where they have to take responsible action which is beyond their technical competence. In such situations they cannot avoid reaching convic-

⁸ Fitch, *op. cit.*, p. 490.

tions and lending support, though if they are professionally honest, they may be wary of assuming leadership or advocacy. Their rôle here seems to me one of support rather than of leadership.⁹

Fifth, it is agreed that social workers may participate in social action as a primary or secondary activity. Conversely there are many who are not social workers who carry on social action as a main or incidental function. There is disagreement as to when the social actor is a social worker. Are Roger Baldwin, Director of the American Civil Liberties Union, Walter White, Secretary of the National Association for the Advancement of Colored People, Elizabeth Magee, General Secretary of the National Consumers League, and Mrs. Gertrude Folks Zimand, General Secretary of the National Child Labor Committee social workers? Certainly labor leaders like David Dubinsky are protagonists for some of the same causes as social workers, but no one labels them social workers.

Since there is no consensus on when the social actor is a social worker perhaps we can tentatively assert that he is one when he knows the problems and methods of social work, exercises courage and finesse in community and public relations, employs facts and not opinions, and understands educational and legislative processes. Writers concerned with the place of social action in social work, with when or whether it is social work, and with what its methods are urge much more extensive discussion of all these matters than there has yet been.

METHODS OF SOCIAL ACTION

Although there has been relatively little research into and experience with the methods of social action, several are distinguishable. Among them are: (1) acquisition of and use of facts including research, (2) education, interpretation, and public relations, (3) administration, (4) legislation.

1. If social change is to be directed for the benefit of society, data are necessary. This phase of social action today distinguishes it from that of other periods. Many great zealots have steered social change by appealing to emotions. The facts they presented might be few and inaccurate, but their enthusiasms were convincing. These people we have dubbed social reformers and fanatics. These phrases are generally thought of as referring to those who have biases, who

⁹ Porter Lee, "The Social Worker and Social Action," in *Social Work as Cause and Function*, New York: Columbia University Press, 1937, pp. 259-270.

have convictions which are not based altogether on facts, who appeal to the emotions without data. Actually, every person interested in those social changes which are indicated from factual data is a social reformer and has no reason to apologize for that interest. Today the professional social reformer or person participating in social action according to professional standards is most successful if he combines strong conviction with facts. The labor leader who has irrefutable data and zest will get further than the labor leader with one or the other. The social worker who appeals to his governing board or the legislature by a combination of sincere enthusiasm and analyzed data will eventually achieve some measure of his reform program.

2. Little further needs to be said on the necessity of informing and convincing some significant part of the public if support for social change is to be won. To whom to give the data, how they shall be organized and presented, what they show the need of, are all phases of the educational process. Social workers, generally speaking, are decidedly deficient in their knowledge of how to be convincing in their presentation of data. They are apt to be didactic, pedantic, stodgy, and deadly dull. They need to learn how to simplify facts and to present them in an interesting and convincing manner. It is not very often, unfortunately, that legislators say of social workers as one did of a secretary of a state welfare conference, "He is the ablest lobbyist your organization has ever had."

3. A way of achieving social action is through improved administration. Not always is new legislation necessary. Frequently all that is required is administrative reorganization including improved personnel. If, for example, the state department of public welfare is employing personnel in violation of the civil service laws of the state, publicity is needed to bring pressure upon appointing officials so that competent civil servants can be obtained. Securing the actual enforcement of rules, regulations, and laws is an important aspect of social action.

4. In the minds of many people, social action and social legislation are synonymous. Certainly a large proportion of the efforts of those engaged in social action is bent upon obtaining regulation and legislation. Since this is true, let us discuss the subject in more detail.

SOCIAL LEGISLATION¹⁰

Social legislation covers a wide range of subject matter. Elsewhere we have pointed out that for purposes of distinction we can say that social legislation enacted by federal, state, and to a lesser extent, local governments is primarily concerned with economic or social conditions. If concerned with the former it includes chain-store regulations, small loan laws, zoning regulations, regulation of coöperatives, etc. If concerned with the latter it includes marriage and divorce laws, social-security measures, laws to control racial discrimination, definition of juvenile court jurisdiction, etc. The social worker may be interested in legislation controlling economic relationships, but probably his primary area of interest, because it is where he has most knowledge, is in social legislation.¹¹ Perhaps it can be said that the four kinds of social legislation in which he has greatest interest and about which he has most knowledge are:

1. That affecting governmental services in the fields of public welfare, public health, mental hygiene, administration of justice, correction, and education.
2. Protective legislation affecting particular groups and individuals needing special protection such as labor and security legislation, and that pertaining to children and minors, etc.
3. Regulative legislation establishing certain conditions under which individuals and groups may function such as that affecting marriage, divorce, adoption, licensing, labelling, bonding, etc.
4. Restrictive legislation such as penal laws defining crime and establishing penalties.¹²

Every director of a governmental department has to help in the formulation of legislative programs and to appear before committees of lawmakers to discuss facts underlying proposals. The testimony of these governmental representatives is vital. So too is that of staff members from private agencies when they have made it their business to gather data and to analyze it. Congressional reports of committee hearings on such matters as security legislation, civil liberties, migration, are filled with the testimony of eminent social workers.

¹⁰ Sydney Maslen, "Guideposts to Social Action," *Proceedings of National Conference of Social Work*, 1941, p. 643. Abbott Low Moffat, "Social Action on the Legislative Front," *Proceedings of National Conference of Social Work*, 1941, pp. 652-661.

¹¹ Helen I. Clarke, *Social Legislation*, New York: D. Appleton-Century Co., 1940.

¹² Fitch, *op. cit.*, p. 509.

Any social worker who is vitally interested in social legislation will have to engage in lobbying which is the process of educating and convincing the rule or lawmakers of the soundness and desirability of the particular program under consideration. Lobbying is an entirely legitimate and necessary function which unfortunately is sneered at by many self-righteous people because of the undesirable activities of some lobbyists. Those who understand the necessity of lobbying favor legislation requiring registration, identification, filing of expense accounts, etc. of all lobbyists whether representing a firm or agency or just themselves.

The social worker who engages in lobbying, either as an incidental or primary function, must be prepared to face ridicule, and sometimes even insult and false accusation. Those who appear frequently before legislative committees have had the experience of talking to yawning legislators (possibly due to the deadly presentation of the social worker), of being accused of having a pocket-book interest in the measure, of being called liars or at best misrepresenters of facts, of being laughed or sneered at because of the sensational nature of the data presented. On the other hand, many legislators listen with the greatest of interest, ask intelligent and enlightened questions, and give encouragement to the sincere proponent. Senators like Robert M. LaFollette of Wisconsin, who has headed important investigating committees have set a standard of which all interested in social action can be proud. Social workers interested in progressive measures such as social security or public-housing bills are happy to appear before committees composed of men like Senator Robert Wagner of New York.

Some social workers berate members of the profession for their failure to participate actively in social legislation. "Social workers," writes Harry Lurie, "have not, on the whole, played a conspicuous part in the development of a consistent or comprehensive program of social legislation. The occupation of social work has been largely remedial in character. Dominated by the *philosophy of voluntarism*, the majority of social workers have been more concerned with the services that could be organized within the existing social and economic arrangements than with broader legislative changes and proposals. . . . One may summarize the experience of social workers in New York State in recent years by saying that the promotion of social legislation remains a relatively unorganized phase of social-work activity. Real progress in this direction can come only as a result of an organized movement for social legislation, considered

by social workers as an essential part of their interest. Except among the so-called rank and file groups which are rapidly sharing a definite social philosophy and creating a concrete program for social and economic organization, there is little agreement among groups of social workers concerning social programs."¹³

Another author who believes social workers should be interested in legislation affecting causes writes: "It is generally easier to get social workers to take active part in movements for public health, better housing, or in bond-issue campaigns for relief, than in the controversial fields of taxation, living wages, and economic security. As social work increasingly becomes a function of government, will social workers be more or less free? The answer to this question is tied up with the future course which our country takes, but that course, social workers, if they wish, can help direct."¹⁴

There are several obvious reasons for the failure of social workers to participate in legislative activities. They are: (1) indifference; (2) modesty and self-depreciation; (3) an exaggerated theory which insists upon the maintenance of objectivity, and impartiality, a philosophy which can lead to passivity and abstinence from any kind of vigorous activity; (4) too much work; (5) expediency; (6) fear which rises out of insecure job tenure. This last point is tremendously important. Probably every social-work executive who has actively sponsored significant social legislation has been threatened by a board member, "If you don't quit, I'll get off your agency board and take my support and that of many others."

The doctrines of compromise and expediency are inherent in our democratic society. Protagonists of social legislation or of any other type of social action constantly find themselves in the position of having to weigh personal matters, but more difficult from a professional point of view, of having to decide the timeliness and values of the causes they champion. In order to minimize or reduce the ills that may accrue to a person, agency, or movement from agitation for change, social workers can do such things as:

1. Take a position only when backed by facts.
2. Be prepared to change a position when new facts point to different conclusions.

¹³ Harry L. Lurie, "The Part Which Social Workers Have Taken in Promoting Social Legislation in New York State," *Proceedings of National Conference of Social Work*, 1935, pp. 497-504.

¹⁴ Elizabeth Magee, "Opportunities for Social Workers to Participate in Social Legislation," *Proceedings of National Conference of Social Work*, 1935, pp. 487-496.

3. Make a demonstration of professional excellence before "unfurling a banner."
4. Develop through professional organizations a sense of ethical obligation that will create professional loyalty and respect for them from the outside.
5. Develop protective organizations of employees in social work. This last means civil service and merit systems for public social workers and may mean labor organization affiliation for both public and private employees.¹⁵

EDUCATIONAL RESOURCES

The catastrophic events of the last generation have forced social workers to look critically at the practices of their profession and to their relationships with the world around them. Not long ago an eminent case worker attended a graduate school of social work so as to learn more about socio-economic movements, the social insurances, public welfare, and law. She did not want her teaching to become too technical and perhaps eventually sterile. An outstanding teacher of recreation and group work continued graduate work in middle age so as to better understand group process and social interaction. A group of professional people comprising university teachers of social work, workers' education and educational theory, group workers, family case workers, and psychiatric case workers spent time trying to determine how they could go beyond the confines of their professional expertness and influence students and the community to weigh issues rather than accept prejudices. These are just a few illustrations of the need felt by serious people for reorientation in a world becoming more and more complex. This interest and anxiety is shown in such articles as Grace L. Coyle's "Education for Social Action"; John Dewey's "Education for Social Change"; Eduard C. Lindeman's "Group Work and Democracy," all three contained in *New Trends in Group Work*.

Although the literature on the philosophy of social action and on the obligation of social workers to engage in this area of practice has been extensive in the last ten to fifteen years, the materials on its professional aspects are limited. In his 1940 paper several times referred to in this chapter, Mr. Fitch urged careful consideration of the methods and procedures of social action. Schools of social work do not give courses or field training in the skills of social action. They do, of course, give courses in various aspects of social and labor legislation, in social insurance, in the history of social work with

¹⁵ Fitch, *op. cit.*, p. 496.

some emphasis on the efforts and methods of leaders in the field of social action, in publicity, and in research methods. It seems to us that the schools have a responsibility to experiment with various kinds of courses such as bill drafting, methods of social action, and public opinion and attitudes. Opportunity for student observation and perhaps also for participation in some of the processes of social change is also desirable. Those students who have access to state legislatures are particularly fortunate in the opportunity afforded them carefully to watch legislative processes.

CONCLUSION

Social action is a greater or less responsibility of every social worker. He may act in any of several rôles. *First*, as a citizen, rather than as a social worker, he may identify himself with any social movement he chooses although his professional training and objectives will influence his choice of causes. *Second*, as a member of an agency staff or of a professional organization he will expect to *advocate* those causes upon which he has professional competence. *Third*, as a professional person, sometimes as an individual, and sometimes as a member of a group, he may support measures upon which he has no professional competence, but upon which he has convictions. *Fourth*, as a professional social worker he may participate in political-action groups. This last rôle is the one most debated by social workers.

Despite the various rôles social workers may assume in the area of social action there is growing acceptance by practitioners of some measure of responsibility for social change. Radicals continue to say that social work is picking up the scraps of a defunct economic organization and that social workers are the worst type of reactionaries. Conservatives keep right on thinking that too many social workers are stepping into debatable areas of activity and that they better stick by their guns. These same reactionaries are prone to say to clergymen, "Your function is to preach the gospel, not to meddle in community affairs."

Social work, education, religion, and labor all have the same objective—a decent and satisfying life for each individual here and now. In an address entitled "Common Social Objectives of Religion, Education, and Social Work" a Jewish rabbi said:

Education, religion, and social work are simply three aspects of the one central task, the one central problem: man and his destiny, man as he labors and grows, man as he evolves in insight. Social work is the adjustment

of man to the society he creates. Education is the linkage of the generations in their progressive attack upon the perennial problems. And, as succinctly and significantly as it can be put, religion is the realm of social and individual ideals, of those central notions about ourselves and our world, in which as in the air all the rest is suspended. I speak not of religion as a historical form, as a church, a composite of creeds and rites, but of religion as an effort of man to conceive of himself, of the meaning of his life, and of the universe in relation to him. No social worker worthy of the name will agree to divorce the immediate from the ultimate objectives of his tasks. . . . In the end, all of us do conceive society under the aspect of brotherhood, do believe that man does not live by bread alone, do understand that men stand or fall together, do perceive that there is causal relationship between social amelioration and the deepening of the sense of mutual responsibility.

Upon this faith, and upon its presence in most men, social work rests. This is true even of its ameliorative aspect. How much more is this true when one comes to consider the ultimate objective of our work. Do we desire a just society? . . . Must we cast overboard all such hard-won values as liberty, truth, and brotherhood, in favor of a philosophy of social power that depends upon the cynical deception of men, upon brutal force, upon conquest, upon the perversion of the social machinery to the purposes and uses of the few? This is not only a momentous question in the world at this very moment, but in its essence it is a religious question."¹⁸

Social work is helping people by a composite of processes. Social action is one of the processes. It requires skills, knowledge, wisdom. There will always be those whose temperament drives them toward reform movements just as there will always be those who strive for perfection in performance. We need both types and we need considerable of each in every social worker.

EXERCISES

1. Contrast the meaning of social reform or social action of the "zealot" type and of the professional social work type.
2. Give an illustration, if possible from your own experience, of each of the types of social action defined by Mr. Fitch.
3. What distinctions are made by Porter Lee between *advocacy* and *support* of social action measures?
4.
 - a. Why are many social workers hesitant to participate in social legislation measures?
 - b. Why do many social workers believe that social workers should not belong to political-action groups?
5. Give two illustrations of situations in which most social workers would agree that they have professional responsibility for engaging in social action.

¹⁸James G. Heller, "Common Social Objectives of Religion, Education, and Social Work," *Proceedings of National Conference of Social Work*, 1937, pp. 284-294.

6. Discuss several methods that local social workers can use to promote interest in some given social problem and its abatement.
7. What is distinctive about the social action of social workers?

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Chapter X

WHY PUBLIC AND PRIVATE SOCIAL WELFARE AGENCIES?

PUBLIC OPINION

"Why does our city have so many social-welfare agencies and social workers when there is so little poverty?" "Why do our social workers get paid so much money?" "Why is it that so many professional social workers are hard-boiled?" "Why are there so many agencies stepping on each other's toes?" "Why don't the agencies which are in existence get together and coördinate their activities?" "Why doesn't some central agency wipe out duplication?" These are not queries to be sloughed off or laughed at. They represent real misunderstandings of how social agencies function and of how efforts are continuously made to gear activities into new situations.

Such questions as these were raised by indirection in a speech given in November, 1945, from a local Wisconsin broadcasting station, WIBA. The speech entitled "Time for Reëxamination of Social-Welfare Setup" was subsequently published on the editorial page of the *Madison Capital Times* of which the speaker, Mr. William T. Evjue is editor. He is part-owner of Station WIBA and every Sunday noon from this station broadcasts on current economic, social, and political problems. Mr. Evjue is known as a crusader.

The talk of the Madison broadcaster and editor stimulated much local discussion and several published commentaries. The original provocative speech and parts of some of the comments are printed in this chapter as they afford case material for analyzing, first, public opinion on social work, and second, the fundamental functions of private and public social work. Some of the criticisms have a basis of fact and seem legitimate; others are based on misinformation or bias and appear to be unjustified. At this point we reprint in its entirety Mr. Evjue's speech.¹

"Hello Wisconsin! Today I desire to open up a subject for discussion which I approach with considerable fear and trepidation. After

¹ *Capital Times*, November 26, 1945; reprinted in *Wisconsin Welfare*, Madison, January, 1946.

several decades of crusading journalism I am quite aware of the penalties that can be visited upon the person who seeks to critically evaluate any of the sacred cows in American life,—the sacred cow being any group, movement, or activity in our society that is powerful enough to claim immunity for itself from public scrutiny or criticism.

"Recently there was quite an uproar when the *Capital Times*, the *Beloit News* and the *Sheboygan Press* gave some publicity to the fact that the National War Fund and the American Red Cross had made a deal with the A.F. of L. and CIO under which organizations set up by the A.F. of L. and the CIO would be paid for enlisting the support of labor in the raising of funds for the War Fund, Community Chest and Red Cross drives. These newspapers took the position that to professionalize these community appeals and to pay persons to get their support for such an appeal was repugnant to the spirit of voluntary effort and self-sacrifice which have always characterized these community appeals.

"The publicity brought angry outbursts and surprised bitterness from those affiliated with our present-day social-welfare bureaucracy who just couldn't believe that there are persons who dare to criticize such activities as the War Fund, Community Chest, and the Red Cross. That's like attacking the church or education. It just isn't being done by good and respectable people. Only social disturbers, rabble-rousers, and no-accounts engage in such questionable activity.

"Nevertheless, though aware of the consequences that may ensue, I am going to ask if the time hasn't arrived for a reëxamination and a reëvaluation of our whole private social-welfare system and to ask if it meets the needs of the present-day complex society which the machine age has brought. Are our private social-welfare agencies dealing constructively with our social ills or are they concerned largely with palliatives—the old system of rubbing salve on a cancer?

"The first social-welfare worker was the pioneer woman who, when death, sickness or want came to a neighbor's home, pitched in to do a lot of cooking and helped in the housework in order to keep the afflicted neighbor's home going. There were also the voluntary collections taken up in the village when financial difficulty came to some worthy person. As the communities grew, charitable and benevolent organizations were formed to help the sick and the needy. In the larger cities there came a multiplicity of these organizations, and soon it was discovered that there was duplication and that unworthy people were receiving charity.

"To meet these evils there came the demand that charity and relief should be coördinated and placed on a businesslike and scientific basis. At this point entered the professional paid social worker. It seems to me that just at this point the qualities of warm and sympathetic neighborly helpfulness went out of social-welfare work as the practical and professional welfare worker came in. When these activities began to be placed on a professional basis, many new agencies began to spring up, each having its separate budgets, overheads and salaries. Each agency made its separate appeal to the community. Again it was found that there was duplication in the work of these separate agencies, and again came the demand for coordination. The Community Chest, or the Community Union, came out of this situation. But although the Community Chest substituted one community drive for the many that had previously been made, this coördination did not eliminate all the duplication and certainly did not cut the salaries, the overhead, and expense. Today it would be interesting to know how much of the dollar contributed to the average Community Chest goes to the underprivileged and those in need and how much goes into overhead, salaries, and executive expense. In the city of Madison we have a number of agencies under the Community Union competing and seeking domination in the field of youth—the Boy Scouts and the Girl Scouts, the YM and the YW, the Salvation Army and the Volunteers, the Neighborhood House summer camps. Each have their directors and paid staffs, their overheads and expense. I noticed just recently that the Boy Scouts have just employed an assistant director.

"Prior to the depression there were sixteen different agencies working under our Community Union here in Madison. These were agencies concerned with relief and aid for the underprivileged and the poor and for character-building activities among youth. But the depression brought about a profound change in social-welfare work and quickly revealed the weaknesses of our private social-welfare agencies in the field of relief. I recall when the first big tax bill for relief was introduced in the Wisconsin legislature in the early days of the depression. I was present at a meeting of the senate in committee of the whole when a big Racine industrialist appeared against the bill, and his chief argument was that Racine had a Community Chest that would amply take care of all needs in that community. A year later a delegation of county officials from Racine county was calling on the governor and demanding financial help to take care of the thousands of families in this paralyzed industrial community

where unemployment and family need were rampant. The depression demonstrated the inadequacy of private-welfare organizations to take care of the relief load when business stagnation and unemployment came. The inherent weakness of the private welfare system is that it is easy to raise money when everybody is prosperous and there is little need for community relief. But when the need is greatest then it is most difficult to raise money for these funds. The depression demonstrated pretty forcefully, therefore, that relief for the hungry, the unemployed, and the underprivileged is a burden which only government is competent to assume. But many of these social-welfare agencies persist in seeking to maintain some of their prestige by hanging on to some of their prerogatives in the field of relief, and as a result there is duplication in the work of the government and these social-welfare agencies.

"Thousands of people came out of this depression feeling that there should be a reëvaluation of the whole cumbersome structure of our private social-welfare setup. Already authentic voices, many of them from a conservative background, are being raised in support of the contention that such organizations as our Community Chest and the Red Cross must change their outlook and their objectives to conform to the problems of our present complicated life.

"Once a year in nearly every city in the United States the community is mobilized in the big civic effort of the year to replenish the Community Chest. Armies of workers are recruited to solicit funds. The newspapers devote editorial and news columns in pleas to civic loyalty. Strident speeches are made over the radio exhorting the community to meet its responsibility. Enthusiastic workers gather round the luncheon table as they count up the day's contributions and head toward the goal. In all these communities the annual Community Chest drive is undoubtedly the outstanding civic effort of the year. And then what's done with the hundreds of thousands of dollars raised in these appeals? Is it spent to reach the causes of the social evils that are thrown up by our present-day society, or is the money spent in a palliative way to make temporary disposition of the results of a maladjusted society?

"We have long been told that the house is the cornerstone of civilization. Today thousands of people are being denied a decent, normal home environment because of inadequate housing. The danger to community health and morals from the crowded and huddled conditions in which people are living is obvious. Our social-welfare agencies are swamped with cases that come out of this environment.

And yet when the city of Madison had an opportunity several years ago to obtain a one million dollar grant from the United States government for a housing project, the deal fell through because of the opposition of local bankers and real estate men. But the significant thing for the purposes of this discussion was the indifference and lack of interest shown by those affiliated with our local welfare agencies. Was it because those affiliated with those welfare agencies didn't want to stick their necks out because of the fear that bankers and real estate men, contributors to the Community Chest, might frown on their efforts?

"Our social-welfare agencies are concerned with the problems placed in their laps by the growing menace of divorce. Recently, while talking with a leading judge, the subject of divorce was brought up. He pointed to the part that inadequate housing and home environment was playing in the increase of divorce. But he stressed another angle. He referred to the cost of medical care. He spoke of the young couples who marry today and who are often unable to take care of the financial obligations that come with the medical bills involved in the first baby or an operation. Yes, medicine has made tremendous strides in the United States, but at the same time the best medical advice and care are beyond the reach of millions of people. Medicine has become specialized science. Today you go to a clinic. You may have to see three or four different doctors before your case is diagnosed. Perhaps many tests will have to be made, x-rays may be needed. Big medical bills are the result. And when young married couples today start life with debts incurred through operations and doctors there's always the likelihood of domestic arguments and differences which lead to the divorce court. But where are the representatives of the social-welfare agencies when bills are up in the legislature or in congress seeking to make better medical care available to millions of people through health and hospital insurance? Again, are they afraid to stick their necks out because those who are opposed to socialized medicine are contributors to community chests?

"In the long battle for social-security laws, unemployment insurance, mothers' pensions, health insurance, minimum wages, can it be said those affiliated with our huge social-welfare bureaucracy have fought for these great social reforms aimed at eliminating the social evils with which private social-welfare work has professed to be concerned? Or have our social-welfare workers been indifferent to these reforms because these social advancements would diminish the need

for private social-welfare work? Have they been indifferent, too, because big contributors who can contribute lavishly to community funds out of money that would otherwise go in excess profits taxes are opposed to social security laws, unemployment insurance, socialized medicine, and minimum wage laws?

"Once a year we have these great community drives to raise funds to take care of the results and the by-products of our maladjusted way of living. But where is there any similar effort to mobilize the community in a campaign to get at the CAUSES of these social ills? This, we submit, is the basic danger in our social-welfare program. We have erected a structure of agencies for the sole purpose of applying salve to illnesses that require drastic surgery. We continue to deal with RESULTS rather than CAUSES. The real danger is that after putting on a rigorous campaign once a year to build up the supply of salve with which we deal with our social wreckage, we sit back satisfied and smug in the belief that we have done our duty to society. The great private social-welfare structure that we have set up and which is becoming each year an indirect form of taxation can never justify itself until it is willing to deal constructively with the causes of our social ills. Our social-welfare bureaucracy cannot remain aloof and indifferent when proposals are up for better housing, extension of medical care, full employment, and other measures. The favorite alibi of these social workers has been that these social agencies cannot become mixed up in politics. That's pure evasion. The real reason is that these social agencies are too fearful of offending those who make the big contributions to the community chest. Will social-welfare agencies now squarely face this challenge: Are they ready and willing to challenge the causes of our social ills, or will they simply continue to peddle salve in an effort to cover up and hide the evils thrown up by our society?"

Let us review the typical negative points presented in this talk. *First*, social work is a "sacred cow" and is powerful enough to claim immunity from public scrutiny or criticism. The speaker illustrates by pointing out the volume of protests that arose from "the social-welfare vested interests" when a number of newspapers over the country criticized arrangements between the National War Fund, the American Red Cross, the American Federation of Labor and the Congress of Industrial Organizations by which the latter two organizations gave up their independent war-relief campaigns to participate in joint national campaigns. The agreement arrived at between the four organizations was that the administrative campaign costs

of the national labor organizations should be borne by the National War Fund and the American Red Cross, each of which conducted national war-relief campaigns. For the year beginning May 1, 1945, the combined campaign budgets of the two labor organizations was \$698,000, of which one-third was provided by the American Red Cross and two-thirds by the National War Fund. In return for the \$232,000 which the Red Cross paid to the A.F. of L. and CIO, it received some thirty millions of dollars at an overhead of less than 1 per cent.

According to the speaker this arrangement between the labor organizations and the war relief organizations were "repugnant to the spirit of voluntary effort and self-sacrifice which have always characterized these community appeals." Actually, this administrative coördination was undoubtedly responsible for a very large sum of money being collected from labor groups and in no way interrupted local participation by labor in the campaign processes, including those of organization and solicitation. The objections made by social workers and many others to the newspaper criticisms of this alliance were not because they thought of social work as a "sacred cow" which should be immune to criticism; rather it was because the criticisms were aimed at the very kind of inter-group activity which epitomizes the application of sound theories of community organization. Leaders in the labor and social-work movements are proud rather than ashamed of the phenomenon of coördination so vehemently criticized by Mr. Evjue. That this "deal" represented advanced thinking is evidenced by the fact that numbers of the old guard of the Red Cross strenuously objected to it. Actually it seems to have been they who gave the biased story to the press, fearing that labor was gaining a foothold in the management of the Red Cross. In view of the fact that the speaker upon whose talk we are basing our analysis of the contributions of public and private social work to the community is a strong labor supporter, it is strange that he "fell for" this garbled story.

Undoubtedly there are organizations, some of them very powerful, which feel they can carry on without participating in community planning and which resist public inquiry. This is a criticism which was recently leveled against the American Red Cross by Mrs. Agnes Meyer, wife of the owner of the Washington, D.C. Post, Eugene Meyer, and published among many others by the same newspaper whose article we are at present analyzing. Her attack seems to have

been provoked by the anti-labor attitude of some of the members of the Central Committee of the American Red Cross. Mrs. Meyer said, "It is impossible . . . to plan for greater community solidarity without reckoning with the Red Cross. Socially speaking, the Red Cross is the perfect symbol of all the shortcomings of voluntary welfare work, because it has preserved the aristocratic, aloof and egotistical psychology of private welfare organizations to an almost pathological degree. . . . If the Red Cross persists in playing a lone hand, as it always has, all democratic progress through closer integration of local services will be shot to pieces. Our only hope that the Red Cross may undergo a change of heart and try humbly to collaborate with other voluntary agencies, both local and national, is based on the new leadership of this venerable institution. Already there can be seen in its Washington office and in a few local chapters a new and responsive attitude toward the wishes of the labor unions and a general awareness of the rapid democratization taking place in the feeling-tone of our people."²

Because Mrs. Meyer was so extremely frank in her criticisms of the Red Cross, she was asked to deliver a subsequent address before the regional conference of that organization in New York. Among her many statements, was this one: "If I now remind you of some of the strategic and psychological errors of the Red Cross, I do it only because they illustrate to an extreme degree a monopolistic, competitive, and paternalistic attitude toward welfare problems. All voluntary organizations are more or less afflicted with these attitudes. All must strive to overcome them."³

When a national or local organization, whether the American Red Cross, the Salvation Army, the Boy or Girl Scouts, the YMCA or YWCA, the Conference of Catholic Charities, or any other agency resists review, criticism can justifiably be leveled against its policy-forming boards. In Mrs. Meyer's words, agencies must be led out of "competitive isolation" and helped "to break down the segmental thinking that is destructive of a genuinely democratic approach to the protection of individual welfare and human well-being in general."

Many social-welfare organizations subscribe heartily to such contentions. Social work must not be allowed, when it has become such, to continue as a "sacred cow" and when any agency acts as if it were

² Madison, Wisconsin, *The Capital Times*, November 29, 1946.

³ *Washington Post*, November 18, 1945.

one, it is the responsibility of the community, including editors, radio commentators, clergymen, board members, and social workers to resist.

Mr. Evjue *next* points out that modern industrial organization brought in its wake myriads of problems which induced the organization of many helping agencies, some of which introduced businesslike and scientific methods of administration. At this point entered the professional paid social worker and with her the qualities of warm and sympathetic friendliness went out the window. Professionalization of personnel and multiplication of services occurred concurrently. Out of the trend to rapid increase in agencies grew community chests which substituted one instead of many financial campaigns, but some way or other chests did not cut agency costs nor stop duplication of services. In his home city the speaker found many agencies still performing similar functions. Further, he does not believe that enough of the large budgets of private agencies goes into the pockets of the needy. At the same time that he makes this anachronistic judgment, he advocates public financing of assistance programs.

It is obvious that the speaker illogically relates *nonsequiturs* but he gives voice to typical reactions. For example, social workers are hard-boiled, agencies spend too much on professional salaries, duplication of services as between agencies is rampant, professional staffs are too large, relief should be tax-supported but at any rate private social-welfare agencies if they are to continue in existence should give relief.

Mr. Evjue believes that the inadequacies of private social-welfare agencies have become so apparent that many people favor a re-evaluation of their cumbersome structure. He is right; many people do favor such a re-examination but included in this group are those who believe that examination should be a continuous process and that it should include the entire social-welfare structure, public and private welfare agencies, the attitudes of public and private contributors, and the performance of public and private agency personnel.

Up to this point the speaker is getting rid of some of his pet peeves about private social work, but from here on he launches into his *real thesis*, namely, that social work bureaucracy pays little attention to the correction of basic evils such as inadequate housing, the need of increased medical care and social insurance, and low wages, but is primarily concerned with palliatives. Social workers really

prick up their ears when the speaker launches into this attack. They welcome it as an incentive to self-examination and as a means of needling the public to appraise its own motivations.

In our chapter on Social Action we pointed out differences of opinions among social workers regarding their responsibility to participate in social reform. These same differences are found among clergymen, lawyers, doctors, teachers. Shall the clergymen preach the gospel on Sunday and carry on minor parish activities Monday through Saturday or shall he do these things *AND* participate in community discussion of and elimination of social problems? In a recent *New York Times* article written by Ralph Flanders, industrialist and chairman of the Committee on Economic Development, the first thesis was advocated. The author is thoroughly familiar with this prevalent point of view for she was raised in the family of a crusading minister who lost his pulpit once because he undertook to rid a graft-imbedded city of pernicious influences and again because he dared to be intellectually honest in his interpretation of the Bible in spite of the fact that one of his most prominent church members was a rabid dissenting college president.

Many social workers agree that social reform is a function of the profession. Differences of opinion arise on what subjects to conduct campaigns for reform, by what methods, and by what agencies and individuals. It is most beneficial when commentators like Mr. Evjue urge practitioners and the general public to participate more actively in the elimination of social ills. He is undoubtedly right in saying that many professional social workers will be timid about "sticking their necks out" in opposition to the vested interests of the community. It is human frailty that few people are willing to risk jobs for convictions. But regardless of whether individual social workers do or do not push social reforms for reasons of timidity, it is inherent in the philosophy of the profession that permanent and beneficial social change comes only with open discussion and freely-arrived-at decisions.

This point of view is stated in a letter written by John Gaus, Professor of Political Science at the University of Wisconsin and known for his liberal political and economic views. This letter was published in Mr. Evjue's paper in answer to his criticisms of social work. We quote from this correspondence: "A remark of Mrs. Meyer's that puzzles me, and that may mean much or little, can serve to introduce my final comment. 'The usual slow tempo of social progress is dangerous in a revolutionary era,' she writes. I judge that when Mr.

Evjue uses the word 'causes' he has in mind something similar in terms of deep-going and dramatic change through state action. As I contemplate the spectacle of the Nazi and Fascist régimes that becomes clearer as their collapse releases information about them, I am inclined to favor the 'slow tempo of social progress' to New Orders that do not permit an area of voluntary experiment and trial. . . . I think our difficulties are so great in these times that we need all the wisdom, knowledge, and good-will we can recruit for tackling the problems of our communities. Voluntary social agencies are one means and a good one along with all their human imperfections for doing this." ⁴

Mr. Evjue's speech is entirely negative toward private social-welfare agencies. He mentions none of their constructive contributions to community development. His basic opposition is to what he considers to be the status-quo attitude of private social-agency supporters and practitioners.

Does all of the public have such unfavorable reactions toward private social-welfare work, in particular and toward social-welfare work in general? An effort to answer this question was made by some of the Cleveland leaders in welfare services. An article published in the November, 1915, *Survey Midmonthly* entitled "Vote of Confidence for Social Work" contains the summary findings of the Cleveland study.⁵ Before the study of public attitudes toward social work was actually made, the opinions of thirty creators of public opinion in the welfare field were obtained. These experts included editors of three metropolitan dailies, the officers of the welfare federation and the various councils, and several agency executives and board members. This group believed that the public would have a much more negative reaction to social work than was actually the case.

The poll was conducted by Western Reserve students in the School of Applied Social Sciences and under the guidance of a national polling agency. Seven hundred interviews of eighteen questions each were conducted. Among the questions were: "Do you think that social work is for poor people only or for all sorts of people including those who can pay for service?" "If you had \$15 to use for the following services (such as homeless children, care of the needy aged, and the needy sick, etc.) how would you divide

⁴ Madison, Wisconsin, *Capital Times*, February 1, 1946.

⁵ Jack Y. Bryan, "Vote of Confidence for Social Work," *Survey Midmonthly*, November, 1945.

it among them?" "What is your idea of a social worker?" In order to avoid asking those questioned what they thought of case work, a technical term, the following question was asked, "In an institution in which children are cared for, how important do you think it is to have someone present to study the personal problems of each child, keep in touch with his home, and assist him in making a good adjustment?"

The answers show many gaps in the knowledge of the public regarding social work but an amazingly small amount of absolute opposition. ". . . the fact that only 9 per cent of the replies were in any respect critical and only 3 per cent outright unfavorable has been accepted as encouraging. Any of the major professions would be justified in feeling heartened by this showing. Social workers can toss aside their inferiority complexes and face the public in a way that should win them still more friends. There is clearly no need for them to feel apologetic or defensive about what they do. There is only a need to make it more thoroughly understood."

Social work, public and private, is sometimes the object of ridicule, sometimes of condemnation or contempt, sometimes of admiration. It is important for the sound growth of the profession that the multiplicity of reactions to it be considered and evaluated. The Mrs. Meyers and Mr. Evjue serve the useful purpose of keeping practitioners and supporters alert and analytical.

CONTRIBUTIONS OF PUBLIC AND PRIVATE WELFARE AGENCIES TO SOCIAL WELFARE

The radio speech quoted earlier in this chapter not only provides a medium for looking at public opinion and at the significance of this opinion for the profession, but also for discussing the distinctive functions and contributions of public and private social work. Mr. Evjue appears to believe that the private welfare agency has very little legitimate function to perform in modern society, that the slack of our economic system should be taken up by tax-supported programs, and that only as taxpayers have to meet this residuum will they be interested in social and economic change. At least in his speech he makes no provision for services now rendered by private agencies and not yet carried on by public agencies.

Others also maximize the importance of public as over and against private social work agencies but do so for somewhat different reasons. In a speech delivered in June, 1945, at an institute of county

welfare directors, at the University of Wisconsin, Joseph E. Baldwin, Director of the Lake County Department of Public Welfare, Gary, Indiana, said:

I have long believed that there were no social problems which could not be met with better success by a public agency than by a private agency. I have never been impressed with the fact that recreation had to be confined to the settlement house or the YMCA. It has occurred to me that the job could be done much better by the public schools and the public parks and if need be, the building of community centers. I for one, have never seen why extensive case work had to be the province of the private family or child-caring agency and "out of bounds" for the public agency, as some people have said. Neither have I ever seen the logic behind the fact that private child-caring agencies could do a better job in child welfare than could county welfare departments. . . . Because of the ability of the public agency to be more soundly financed, because of the fact that its practices would be more uniform, community to community throughout a state, and because its services would be available to every part of the state, I have felt it was smart to place my dough on the public department.⁶

Many early social workers took a diametrically opposite point of view. Josephine Shaw Lowell in the 1880's argued against extensive use of public funds for outdoor or non-institutional relief. Only private agencies with their uncorrupt, non-political volunteer staffs were adequate to make careful enough investigations to prevent parents and their children from preferring idleness to labor. The concept of the 1930's that poor people, whether poor for personal reasons such as sickness, old age, widowhood, etc., or for economic causes, are entitled to a minimum and decent standard of living at the expense of the taxpaying public was inconceivable in the nineteenth century.

In 1883 Mrs. Lowell considering the subject of public relief and private charity wrote:

Outdoor relief, in fact, cannot be defended; it has none of the redeeming features of private charity, because there is nothing personal or softening in it, nor has it the advantages which might, perhaps, be derived from an acknowledged and openly advocated communism, for the principle underlying it is not that the proceeds of all men's labor is to be fairly divided among all, but that the idle, improvident, and even vicious man has the right to live in idleness and vice upon the proceeds of the labor of his industrious and virtuous fellow-citizen.

Mrs. Lowell continued:

⁶ Joseph E. Baldwin, "Coordinating Councils and County Welfare," *Madison: Wisconsin Welfare*, September, 1945.

We have already accepted in this paper the postulate that the community should save every one of its members from starvation no matter how low or depraved such member may be but we contend that the necessary relief should be surrounded by circumstances that shall not only repel everyone, not in extremity, from accepting it, but which shall also insure a distinct moral and physical improvement on the part of all those who are forced to have recourse to it—that is, discipline and education should be associated with any system of public relief. If, then, outdoor relief is proved to be not only useless as a means of relieving actual, existing, suffering, but an active means of increasing present and future want and vice, the only other means of giving public relief is within an institution, and this will be found to render possible the attainment of all the objects that should be aimed at by public relief.⁷

This point of view grew out of the malpractices of outdoor relief officials who administered repressive legislation deriving from the England of the sixteenth and seventeenth centuries. Mrs. Lowell's position was subscribed to by enough communities so that in 1933 when Harry Hopkins became the first Federal Emergency Relief Administrator there were numbers of cities which had no public outdoor relief systems and which were dependent upon private charities for relief of the unemployed as well as of those with personal distress. Today there are relatively few people who believe that private-welfare agencies could or should assume responsibility for the costs of financial assistance for the millions who must receive it. There are many, however, who believe that private-welfare agencies have distinctive contributions to make to human welfare.

Even Mrs. Meyer, critical as she is of private social-welfare agencies, believes in their historical past and in their potentialities for the future. In her words: "Voluntary charitable bodies must be given the credit for initiating our whole public and private welfare structure. Such social justice as exists today, was borne of yesterday's pity. So important are the past and present contributions of voluntary welfare work to our society that democracy is inconceivable without them. But the leaders of these agencies have not kept themselves in touch with the catastrophic effects upon society of the industrial revolution which has created, especially in our great cities, huge blocs of submerged proletarian masses who are not reached by the welfare system of which we are so proud." In other words, Mrs. Meyer believes that privately-financed social-welfare agencies must reconceive their functions if they are to justify their noble past.

⁷ Edith Abbott, ed., *Some American Pioneers in Social Welfare*, "Public Outdoor Relief—Theory and Practice in 1883," University of Chicago Press, 1937, p. 160.

Most leaders in social work believe both public and private agencies are invaluable. In connection with the *New York Times*' annual Christmas campaign for "New York's One Hundred Neediest Cases," that newspaper published a joint statement by Leonard B. Harrison, New York City Commissioner of Welfare and Robert T. Lansdale, State Commissioner of Social Welfare, headed "Private Social Aid is Sorely Needed." It reads as follows:

The daily dread of battle tragedies came to an end with final victory in the war, but the struggle to conquer human misery goes on. To the problems of human needs that are always with us, there have been added those that follow a devastating war.

To meet this double emergency, the public-welfare agencies are working in close cooperation with the voluntary organizations. Both are sorely needed; they complement each other.

The state and municipal welfare agencies are concerned primarily with providing assistance and service for those who lack the essentials of life. But food, clothing, shelter, and medical care are not all that humans live by. Those unfortunates whose troubles arise from friendlessness, bewilderment, and sorrow—they also must have aid.

The difficult tasks of human rehabilitation, the urgent problems that lie outside the domain of public relief, require the specially-trained staffs and the constant care that the private agencies provide.

The demand on the limited resources of the private agencies is greater than ever before. We join in the appeal to help them to help the Neediest.*

The above is a recognition of the values of private social-work agencies by public-welfare officials. Reciprocally we quote the statement by a private agency of the functions of governmental relief agencies. The Committee on Current and Future Planning of the Family Welfare Association of America reported its platform on public-private agency relationships pertaining to relief as follows:

1. Basic maintenance relief is the responsibility of governmental agencies and private agencies should resist pressure for the assumption by them of basic community relief.

2. Tax funds should be administered by governmental agencies. Therefore, private agencies should not accept subsidies from tax funds granted with the expectation that the private agency will carry part of the relief responsibility.

3. A category for general public assistance should be added to the other federal relief categories.

4. Private agencies in each community should give the strongest possible support to the development of high standards of practice and personnel in local departments of welfare.

* *New York Times*, Sunday, December 6, 1945.

5. Private agencies in each community should give support to federal planning for an adequate social-security program.⁹

A private family-welfare agency operating under these principles is left free to carry on intensive case work with persons whose problems are not primarily economic. This is in contrast to the period of Josephine Shaw Lowell when public agencies were considered by many to be incompetent to dispense home relief or even to that period just preceding the depression of the '30's when many private family agencies gave large amounts of their time and budgets to the dispensation of relief.

The depression of the 1930's was responsible for extensive modification of the functions of public and private welfare agencies and caused social workers to give renewed consideration to the principles underlying a division of labor. The June 23, 1933, order of Mr. Hopkins as Federal Emergency Relief Administrator eliminating subsidies from federal relief funds to private agencies created a serious situation. It imposed a huge new responsibility on some public agencies and vastly enlarged that of others. Those private agencies, accustomed to dispensing large public subsidies, had to abandon old modes of behavior and quickly find new functions. For example, in 1934 the author was supervising students in a family-welfare association which administered considerable public relief funds. When the order of Mr. Hopkins was issued that federal funds at once be withdrawn from private agencies, the organization went through a rapid period of readjustment. One of the adaptations required was the immediate removal of students to the public agency. Fortunately the private agency was eager to start working more intensively with personal problems, and the public agency was willing to use the experience of a private agency and its resources of records, staff, students.

Mr. Hopkins' order established a policy which forced an immediate clarification of function of public and private agencies. Linton B. Swift in a pamphlet entitled *New Alignments Between Public and Private Agencies in a Community Welfare and Relief Program* attempted in 1934 to outline principles underlying these relationships.¹⁰ He described the basic characteristics of both public and private agencies which determine their activities. Since his observations are just as valid today as in the '30's, they are summarized here. As to the public agency:

⁹ *Public Welfare*, November, 1945, Vol. III, No. 11.

¹⁰ Family Welfare Association of America, New York, 1934.

1. It must ultimately do what the majority of the community wishes. It cannot in the long run go very far beyond nor stay very far behind the general level of community standing.
2. Its area of activity will be primarily in the improvement of methods and the development of functions already accepted by the community or in the performance of services which require the resources and authority of government.
3. As an instrument of government, its functions must be related to other governmental functions. So, of course, it is affected by extraneous changes in government. For example, unless staffs of public agencies are brought under civil service systems, they will be liable to dismissal with every change in political administration.
4. It acts as an official instrument of society in reducing general social and economic inequalities which society has not yet eliminated such as unemployment

The private agency, according to Mr. Swift, also has distinctive characteristics.

1. It can meet human needs not yet recognized by a majority of the public. Its methods are often not yet accepted by most people in the community.
2. Its natural supporting community is a group of specially interested and informed citizens who form a minority in the community. Part of its function is to increase the size of the supporting minority. As the minority becomes a majority, the private agency stimulates acceptance of responsibility for demonstrated activities by a public agency.
3. Its work in theory at least, does not duplicate but instead supplements the work of the public agency by performing services not acceptable to the majority, by emphasizing innovation and experimentation, and by filling program gaps due to limitations of the public agency imposed by law or custom.
4. Because of its limited income, it cannot meet the needs of all persons within a given classification.
5. In its contacts with individual families, it is best equipped to deal with personal maladjustment as distinguished from those maladjustments arising out of economic conditions outside the control of the family or the professional worker.

In other words, the public organization is what Mr. Swift calls a *majority* agency and the private organization a *minority* agency. Each by the nature of its characteristics has specific contributions to make to the community although very often each spills over into the distinctive area of the other.

Two differing theories concerning the respective functions of public and private-welfare agencies were worked out by Sidney and Beatrice Webb and by Benjamin Kirkman Gray, all three English authorities in the field of public relief. The Webbs and Gray agree

that both public and private welfare agencies are needed. According to the *Extension-Ladder* theory of the Webbs, "Whenever it is considered necessary, with regard to any particular service, any particular class of patients, or any particular treatment, that it should be extended to every case, or to every part of the country, or for the whole period of the contingency, the community finds it impossible to depend on voluntary agencies. The public authority alone can insure a provision that is universal, ubiquitous, complete, or continuous." ¹¹

The public health or the public education or the public welfare authority must look after every case coming under its surveillance. "Wherever there is a reason for its intervention, it (the public authority) must have all the cases on its books. The prescribed national minimum has to be insured and enforced, at all times, as regards every case. . . . On the other hand," continue the Webbs, "though the public authority concerned must be responsible for the adequate treatment of all the cases needing attention, this does not mean that it need do, for all cases, everything that needs to be done. There is . . . an enormous part of the work which voluntary agencies can do better than the public authorities, in which they can bring to bear their specific advantages on particular cases or classes of cases, or in particular parts of the treatment of all cases." ¹²

Under the *Extension-Ladder* theory those cases which are on the books of both public and private agencies should be those that seem to offer an opportunity to demonstrate an improved quality of service or those that seem suitable for experimentation with new forms of therapy. The task of a private agency, in other words, is to render services additional to those of the public agency or to erect an extension ladder only after a national minimum has been reached.

Gray's *Parallel-Bars* theory does not contemplate that all cases must be on the books of the public agency. Rather the private agency is to do everything that is done for the cases it accepts. The chief purpose of the private agency is to deal with its cases so that the standards and practices of the public agency will be favorably affected. Gray made his differentiation of function between public and private agencies by a division of *cases* and the Webbs by a division of *functions*.

Today neither theory is exclusively applied in the American wel-

¹¹ Wayne McMillen, quoted in *Community Organization for Social Welfare*, University of Chicago Press, 1945, p. 111.

¹² *Ibid.*, p. 113.

fare field, but we move in the direction of the *Extension-Ladder* theory. We find public and private agencies working together on the same family; we find the public agency working alone occasionally rendering intensive case-work services but most often not; we find the private agency working alone on families which sometimes need temporary or even long-time financial assistance and providing either short-time or long-time case work services. Many people concede that it is the function of public rather than private agencies to supply financial costs when assistance or care are going to be needed for an extended period of time. The Webbs were the primary English proponents for the extension of public social services at the same time that they recognized the need for private social services. Sophonisba P. Breckinridge and the sisters, Grace and Edith Abbott have done similarly for public-welfare administration in the United States. Probably few informed people agree with what seems to be Mr. Evjue's contention, namely, that a private welfare agency has little justifiable function in our modern complex urban industrial civilization.

Before summarizing the distinctive contributions and values of public and private welfare agencies, let us see what one lay leader has to say regarding his experiences with private agencies. In February, 1946, the retiring president of the Madison Community Union (the local Community Chest), motivated by the speech of the radio commentator and editor, Mr. Evjue, formulated his opinions regarding private-agency functions and especially those of such coordinating agencies as the community chest. He delivered them at the annual meeting. The author is a furniture merchant, and an outstanding intellectual and liberal leader. We quote his "Credo" since it is an unusually clear statement of a laymen's belief concerning the values of social-welfare activities, particularly of voluntary agencies.¹³

An annual meeting, particularly one which occurs on the threshold of a new era, is an appropriate time to take stock of the extent to which we are equipped for discharging the responsibilities which this organization has assumed.

The Community Union has had detractors as well as many supporters, since it was founded nearly a quarter of a century ago. It has them still. Where the overwhelming majority contributes generously, whether in time or money, to further the social-welfare work and recreation programs in Madison, it is only natural that there should be some who will criticise

¹³ Lowell Frautschi, "A Layman's Credo on Social Welfare Organization," *Madison: Wisconsin Welfare*, February, 1946.

various aspects of these endeavors, or even question their general methods and objectives.

Having spent several years as a budget committee member, budget chairman, and then president of the Community Union, I venture to set forth here an affirmation of faith in our organization—a sort of testament or credo growing out of my experience.

I admire the Community Union because it is not static. Having survived a long depression and a great war, it is a very different thing than it was at the start. It is flexible; it enters new fields; it abandons projects which have terminated; it acquires new agencies, and sometimes combines or loses them; it goes in for self-criticism; it seeks ever-widening support and participation; it plans ahead, and tries to anticipate problems which may arise in the community. It is a constructive force in Madison.

I. CONCERNING WELFARE WORK AND SOCIAL PROGRESS, I believe:

1. That there would be need for effective community organization for social-welfare work and recreation even if Madison were Utopia, which it is not.
2. *That private welfare agencies have in numerous instances been the first to demonstrate possibilities and provide leadership in fields of social work; such as health, recreation, and relief.*
3. *That social progress is evolutionary, and that agencies which receive community-wide support (as distinct from political parties and direct action groups with partisan followers) must rely chiefly on educational methods and the power of effective demonstration in working for better conditions.*
4. *That the emphasis in welfare work, especially among private agencies, is increasingly preventative in nature, through such means as health education, family counseling, and provision of wholesome activities for youth.*
5. That social work is far more professionalized than it was a generation ago; and that the professionals, who as a group are capable, devoted, and notable for their integrity, need wide support and help from the rest of us to make their work effective.

II. CONCERNING PRIVATE AGENCIES AND PUBLIC (TAX-SUPPORTED) AGENCIES, I believe:

1. *That the opportunities for constructive service by private agencies have not diminished with the growth of governmental agencies; but rather have in many cases increased because of the complexity of modern life and the higher standards for which society is always striving.*
2. That the public agencies and our private ones, especially those in the Community Union, supplement each other, and are not in competition.
3. *That unemployment relief, dependency aids, and mass recreation programs which require large funds and are universal in their application are properly administered by public agencies, but that many functions involving limited groups, or requiring special skills, flexibility, prompt action and participation by volunteers remain for the private agencies.*

4. That private agencies which affiliate themselves with a community chest are more inclined to think in terms of the total community than would otherwise be the case.

III. CONCERNING THE COMMUNITY UNION ITSELF, I believe:

1. *That it has effected great economy through its method of fund raising (a single annual campaign with resulting low overhead) and through its central control of budgets for participating agencies.*
2. *That its function, and that of the participating agencies, is to render service, so that the principal item of expenditure in the budgets is properly for skilled professional workers.*
3. *That everyone can have confidence in private agencies which are willing to submit to our Community Union budget procedure.*
4. *That the means at the disposal of the Community Union for evaluating itself and the work of its agencies have been used to a noteworthy degree, but that such means should nevertheless be strengthened and used even more in the future.*
5. *That control of the Community Union is based on a sound principle of broad representation, and that this control should at all times be exercised democratically, with full confidence in the superiority of group opinion.*
6. *That the Community Union is an integrating force in metropolitan Madison, developing leadership, bringing together in common enterprise neighborhood and group representatives who would not otherwise meet, and that there have been indirect but positive benefits from this process.*
7. *That the Community Union has facilities for examining local problems of which we have an abundance, and developing future plans in the welfare field; and that increasing attention must be given to this aspect of its work."*

Any community having laymen as well informed and as analytical as the writer of the above credo is fortunate. His formulation of the contributions of the private welfare agency to the community embodies basic principles.

SUMMARY

In recapitulation of what has been said in this chapter, both public and private welfare agencies have contributions to make to human welfare. The distinctive contribution of the *public* welfare agency is that it provides a universal and continuous service; it is accompanied with the right to enforce obligations; it, in effect, establishes a national minimum standard of living; it encourages everyone, since everyone is a taxpayer, to become concerned with causes.

The unique contribution of the *private* agency is that it encour-

ages invention, initiative, and demonstration—its staff is expected to have time to think as well as to act; it has leeway to perform preventative activities; it recognizes the desirability of high standards of professional performance; it provides a rare opportunity for professional and lay people to share experiences and to participate in democratic processes.¹⁴

Social workers, of course, hope that no appreciable percentage of the public shares Mr. Evjue's beliefs that private social work is a "sacred cow," that its professional staff is hard-boiled with its clients but unduly timid about confronting social problems, and that its contributors are generally conservative and reactionary. Certainly there is no indication that the private agency is going to make an early exit from the community stage. There is every sign that public and private agencies will continue to perform their distinctive functions and learn to work together more closely. Voluntary social agencies along with all their human imperfections are clearly one means for tackling the problems of our communities.

We are grateful to Mr. Evjue for his talk on "Time for Reëxamination of the Welfare Setup." It has provided us, as it did many people in Wisconsin, with a focal point for discussion of, (1) the good and bad aspects of social work and (2) the distinctive contributions of public and private social work to the community. It is not necessary to decide whether he is entirely right or entirely wrong in his derogatory observations regarding private welfare agencies. It is only important that every welfare agency keep an open mind to all kinds of criticisms in order that it may apply sound principles and encourage social improvement. This same idea is expressed by John Gaus as follows: "I hope they (voluntary social agencies) may continue to be free to adapt whatever is useful in what their critics say to their work." Another writer commenting on the speech under discussion facetiously but seriously concluded: "Let's have more potshots at our 'sacred cows,' more good-humored self-analysis, more demonstration to a dubious world that social work, in its broad sense, is a kind of hydraulic engineering and not a mere blotter-swabbing of muddy streets!"¹⁵

¹⁴ Wayne McMillen, *Community Organization for Social Welfare*, Chapter III, "The Relationship Between Public and Private Agencies," and especially Document 3C by Pierce Atwater, "Methods in Reorganizing Private Social Work," pp. 123-138.

¹⁵ Harold Holand, "Social Workers Have Not Been Asleep," *Madison, Wisconsin Welfare*, February, 1946.

EXERCISES

1. Summarize the negative reactions of editor and broadcaster Evjue to voluntary social work.
2. How do you answer his criticisms?
3. Can you suggest methods of stimulating the lay public and social workers to be more evaluative of social-work performance?
4. Why does the "radical" resist private social work?
5. Canvass the opinions of five family friends to learn what they think are the functions of public and private social work.
6. Where do you find applications of the "extension-ladder" and "parallel-bars" theories?
7. Summarize the distinctive contributions of:
 - a. a majority agency.
 - b. a minority agency.

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Part II

SERVICES AND RESOURCES FOR PRACTICE OF SOCIAL WORK

In the second part of this book we shall be concerned with a description of services and resources for meeting the needs of various groups of persons and types of situations. It is part of the task of every writer in a scientific or professional field to arrange his materials systematically. Each writer for one reason or another selects his materials and makes his own arrangement of them. Otherwise why so many books on the same subject!

Clyde White in *Administration of Public Welfare* presents his classification of the population for whom public welfare services, and he might as well have included private welfare services, are provided: Insane and epileptic, physically-handicapped, tuberculous, criminals and delinquents, dependent and neglected children, invalid, aged, able-bodied unemployed, sick, maladjusted children. This author prefers a different set of categories from that of Professor White. We shall attempt to survey the public and privately financed services presently available for: children and youth, persons with financial problems, juvenile and adult offenders, persons with physical and mental problems, racial and religious groups.

We shall not limit the resources described to those strictly called social work but shall include those provided for the social welfare. In our earlier chapters on case work and group work, we showed that part of the generic characteristic of each is knowledge of community resources such as: churches, legal agencies including courts, industrial and labor organizations, insurance societies, medical agencies, public departments, schools, recreational services, public health and other medical resources, social legislation, services for military groups. Obviously before the social worker can intelligently use these resources to help individuals and situations, he must know what they are. In the next chapters we shall describe services in and out of social work proper for the benefit of individuals and for the correction and improvement of social and economic conditions. We

shall dwell on services provided by the face-to-face method sometimes practiced as social case work and sometimes not, by the group association method sometimes done as social group work but by no means always, by the inter-group method called community organization, and by the methods of administration, research, and reform performed both in and out of the area of professional social work.

In other words, in this section of the book we shall attempt to present a unified approach to the services and resources for various classifications of persons and conditions. We believe there is one particularly important value to be derived from this method—it shows how interlaced are human relationships and institutions. Educators and schools, physicians and hospitals, lawyers and courts, workers and labor unions, employers and manufacturers' associations, public employees and government, social workers and social agencies are all parts of the community pattern. Sometimes relationships may be remote or even antagonistic but no group of persons and no social institution is really separate and distinct from the rest. The world has learned painfully and sorrowfully that what happens in Manchuria or Abyssinia affects life everywhere. No one more than the social worker needs a philosophy which recognizes the inseparability of life processes and of social institutions.

Saul D. Alinsky in *Reveille for Radicals* says the same thing and we quote him:

The kind of static and segmental thinking which regards problems and issues as separate and apart unto themselves logically trips itself into the pitfall of a second fundamental fallacy. It is inevitable that this type of mental isolation, which fails to observe the relationships between problems, would and does lack a pragmatic understanding of the functional relationships between a local community and the larger social scene. It reveals a complete lack of recognition of the obvious fact that the life of each neighborhood is to a major extent shaped by forces which far transcend the local scene.¹

A review of the many kinds of services already available or obviously needed should have the effect of focusing the reader's attention on relationships rather than on single problems and single services. That is our purpose in the second half of this book.

¹ Saul D. Alinsky, *Reveille for Radicals*, Chicago: University of Chicago Press, 1946, pp. 81-83.

Chapter XI

SERVICES AND RESOURCES FOR CHILDREN AND YOUTH

INTRODUCTION

In 1940 one-third (36,000,000) of the population in the United States were children under sixteen and some 5,000,000 were between the ages of sixteen and seventeen. The kind, extent, and quality of services for children reflect a country's political, economic, and social philosophy. Someone has said that what every good parent wants for his children, the modern state wants for all children.

In the broadest sense, the health, education, recreation, and well-being of children is the subject of child welfare. Anything done by an individual or group for the welfare of children is thus child welfare. In a second sense it means organized activity performed by a variety of specialists for children under special disadvantage. These disadvantaged children may be sick, dependent, neglected, defective, illegitimate, wayward or delinquent, behavior problems, truant, crippled, or physically handicapped. Under such a definition, child welfare is a *field* of activity using the services of many types of experts. Social workers often still more narrowly define it to mean social-work services or even case-work services for these classes of children. Under this confining definition social workers may exclude study of organized services in the areas of health, education, labor, and recreation. From our point of view, social workers who deal with children cannot adequately perform their specialized jobs unless they first know what resources the community affords and, second, how to use them. In this chapter we shall talk, then, about services for children and mean educational, recreational, health, and welfare services performed by a variety of experts, in some instances for all children, and in others for specially designated groups of children.

HISTORICAL BACKGROUND

The most fundamental right of any child is to life but not always has he actually had that right guaranteed to him. Abortion, ex-

posure, slavery, infanticide have all been practiced by many civilizations. The Catholic church in its early history attempted to abate these evils and to furnish resources to care for children and other needy groups. For centuries it provided more far-reaching services for children through its institutional and alms-giving programs than any other single agency.

As the feudal system of Europe broke up and the lord of the manor was no longer responsible for the welfare of his tenants, the decreasing resources of the church became inadequate to care for the vast hordes of displaced persons. Poor-relief legislation was consequently enacted which imposed a responsibility upon parishes rather than manors to care for needy people. The 1601 Elizabethan Poor Law provided that a parish must tax itself to provide for children in several ways: (1) Set them and also adults to work directly on flax, hemp, wool, which the overseers of the poor were empowered to buy for this purpose—a form of compulsory work relief; (2) apprentice them; (3) place them in poor houses or other institutions. This statute embodied the principle that the state has a duty to provide subsistence for those who cannot provide for themselves. It has taken four centuries of experience with public assistance, however, to win general acceptance of the theory that the poor person, whether child or adult, has the *right* to relief and should not have to depend upon the arbitrary discretion of poor-relief officials to relieve or not to relieve their needs.

Although the influence of Christianity was great in the reduction of the grossest neglect and most inhumane treatment of children, it was a fact that until the twentieth century the state provided little administrative machinery to enforce a parent's duties or to furnish the child with those services which parents could not or should not be expected to assume. Only a century ago the parent, the father, had the right to the custody, control, and services of his children. In Blackstone's language, the mother had the right to reverence and respect.

So deeply rooted in legal practice was the right of the father to *custody* that the English common-law courts in 1804 were able to do nothing for mother and child when Mr. DeManneville, husband and father, snatched his eight-months nursing daughter from her mother's breast. So unlimited was the father's right to *control* his child that punishment, unless malicious and physically damaging, could not be restrained. His right to his child's *services* was so implicit that regardless of whether he fulfilled the duty of support, he could col-

lect his child's wages. Reciprocally he had the duty to *support* his child but unless he was so derelict as practically to let his child starve, there was little that the common law could do. He had the duty to *educate* but paradoxically there were no public resources so this responsibility was unmet. His duty to *protect*, however, justified extreme physical violence upon anybody harming his child.

Theoretically the care of all infants was ultimately lodged in the King as *pater patriae* and was delegated to his Court of Chancery. In actuality, there were few resources for enforcing this sovereign power. The Chancellor in the famous Wellesley case involving the custody of several wealthy children made the following significant statement, "If anyone will turn his mind attentively to the subject, he must see that this Court has not the means of acting except where it has property to act upon. It is not, however, for any want of jurisdiction that it does not act, but from want of means to exercise its jurisdiction; because the Court cannot take on itself the maintenance of all the children in the kingdom."¹ Gradually by the enactment of legislation in England and in this country, parental rights have been equalized between father and mother and means are now available for the enforcement of their duties. Today the state through the juvenile court protects the rich or poor child who is neglected and may even in extreme cases terminate parental rights.

Thus over the centuries we have moved away from certain practices to others more humane. We no longer tolerate one form or another of parental neglect but require that both parents guard and educate their children. We do not depend on the church or the equivalent of feudal lords to support the poor but impose responsibility upon the state to see that every individual has a minimum subsistence. We do not allow child labor but we require that children attend school for a stipulated number of weeks and years. We do not lodge children in jails and almshouses but we furnish detention homes, boarding homes, and improved institutions. We do not condone such anachronistic practices as the indenture contract, farming-out, punitive public relief, mixed work houses and poor houses, long-time and mass housing of children in institutions. At least these are our principles and with varying degrees of effectiveness from one state to another, we carry them out. In other words, in the fifth decade of the twentieth century every child in this country has a *right* to life, to health, to a decent home, to an education, to freedom from labor, to a wholesome leisure, to public assistance

¹ Wellesley vs. Beaufort, 2 Russ. 1, 38 Eng. Rep. 238 (1827).

when needed,—to the guarantee of community and state services.

Until the early part of the present century, these achievements were secured through the efforts of small numbers of individuals, a few organizations, and by the piecemeal enactment of legislation by the states. The initial nation-wide organized interest in child welfare in the United States occurred in 1909 when the first White House Conference was held at the call of President Theodore Roosevelt. This conference particularly considered the needs of *dependent* children. After two days of discussion, the conference unanimously adopted a platform which unequivocally repudiated the idea of depriving children of their own homes for reasons of poverty. If children had to be removed from their parents, carefully selected and supervised foster-homes rather than institutions were preferred. This conference gave strong impetus to the mother's pension or aid-to-dependent children movement and to the establishment in 1912 of the Federal Children's Bureau. In 1919 that bureau, at the request of President Woodrow Wilson called a second conference of child-welfare representatives who extended their interests to include child labor and children in need of special care. In essentials, this conference reaffirmed the principles of the 1909 gathering.

In 1929 President Herbert Hoover called the third White House Conference on Child Health and Protection. He stated its purpose as follows: "To study the present status of the health and well-being of the children of the United States, and its possessions; to report what is being done; to recommend what ought to be done and how to do it." The emphasis of this conference was upon *all* children, including special groups. At the closing session, nineteen recommendations of its committees were accepted. They included such points as: (1) for every child understanding and the guarding of his personality; (2) for every child a home and that love and security which a home provides; (3) for every child health protection from birth through adolescence; (4) for every rural child as satisfactory schooling and health services as for the city child and extension to rural families of social, recreational, and cultural facilities; and (5) to make everywhere available these minimum protections of the health and welfare of the child, a district, county, or community organization for health, education, and welfare.

The fourth White House Conference on Children in a Democracy, called by President Franklin Roosevelt in 1939, was concerned with any or all children and also with the children of the unemployed, those without adequate shelter or food or clothing because of the pov-

erty of their parents, those from migratory families, children of minority groups, children living beyond the reach of medical services, and those lacking in religious influences.

All four White House conferences have focused national attention upon the needs of children everywhere and upon the very special needs of certain categories of children. Let us review now the fundamental services to which all children are entitled and some of the more important special services provided for such groups of children as the dependent, neglected, delinquent, physically and mentally handicapped, and illegitimate.

EDUCATIONAL SERVICES

Introduction. Every state in the Union requires that schools shall be available to all children and that every child shall take advantage of the facilities provided. There are great inequalities however, between the states as to (1) the academic and (2) the social-welfare resources available. For example, there are major differences as to age requirements for compulsory full-time and part-time school attendance, the enforcement of school-attendance laws, the length of the school year, the numbers and qualifications of teachers, the furnishing of textbooks and transportation, the opportunity for vocational training, the availability of nursery schools and kindergartens, the provision of special facilities for the crippled, deaf, blind, sub-normal, and superior child. Likewise, such welfare services as medical, dental and nursing care, school lunches, restrooms, vocational counseling, psychological testing, child guidance and mental hygiene, parent-teacher organizations are inequitably distributed.

No school system adequately provides all these. Most schools, particularly those in rural and small-town areas, are not only almost entirely destitute of the social services but are deficient in the quality of academic provisions. In 1944 the Director of the Selective Service System showed that of the 3,600,000 men under thirty-eight classified as 4F, ten per cent had obvious physical defects, 1,000,000 showed educational deficiencies or mental disease and 300,000 were excluded for neurological or mental deficiencies.² In October, 1943, 7,700 classrooms had no teachers and 170,000 positions were held by new teachers. Thirty teachers out of every 100 in this country are paid less than \$1,200 annually.

² Shirley Leonard, "Social and Health Work in the Schools," *1945 Social Work Year Book*, pp. 425-430.

During the war, school administrators reported an increasing number of serious problems in the class-room such as: fatigue of older children who worked after school, more truancy, more undernourishment, much indifference to school, more aggressive and lawless behavior in the school and community, and an increase in juvenile delinquency. The extent of these problems will undoubtedly diminish but they existed in the pre-war period and needed attention then; in decreased volume they will carry over into the post-war period and will continue to require serious attention.

Social Work in the Schools. Today every state requires that children, generally between six or seven and sixteen, shall attend school during the school term. Most of the states provide for the employment of truant or attendance officers to see to it that parents fulfill this responsibility. Qualifications of attendance officers vary widely but, by and large, they are without social-work education. Generally speaking, these officers and their supporting public believe their duty to be law enforcement. Relatively few people as yet think of truancy as a behavior symptom needing analysis and treatment by social workers.

Even though few attendance officers are social workers, an effect of their activities has been to focus the attention of school authorities on the needs of individual children. For some time those children with obvious physical or mental handicaps benefited by special educational provisions, but the child with pronounced behavior problems was scolded or condemned or disciplined and not constructively treated. In time it was recognized that many children were absent from school or were problems in school because of emotional or social problems and that such children need special social services. Workers dealing with these children were incorrectly termed visiting teachers. Actually their functions are those of school social case workers which they are now called. Numerous experiments with visiting teachers have been conducted, one of the most important being stimulated after World War I by the Commonwealth Fund because of an increase in juvenile delinquency. This fund financed the training and placement of visiting teachers in some thirty school systems. Although a relatively small number of school systems today employ social case workers, there is increasing recognition of the importance of this function by school administrators.

In 1945 the American Association of School Social Workers, successor to the American Association of Visiting Teachers, had a mem-

bership of about 250. Its functions are described to be "to unite the school social workers of the United States in matters of common professional interest; to consider the specific functions, relationships, and objectives of case workers operating in a school setting; to raise standards of their work with the personality and behavior problems of children; to educate communities to the mental-hygiene significance of early constructive work with individual maladjustments; and to interpret the work of the school social worker through national and state educational conferences and other professional meetings."³

Health Work in the Schools. Today periodic health examinations of pupils are made in many school systems. In some communities this is done by doctors loaned to the board of education by the board of health; in others doctors are employed by the school system. Medical inspection of school children was first started in Elmira, New York, in 1872.⁴ Careful follow-up work in the home is essential if benefits from medical examinations are to be secured.

School nursing started in New York City in 1902. These nurses are employed by boards of education and carry responsibility for follow-up, the handling of minor accidents at school, general health supervision, teaching of hygiene, etc. In adequate school programs there is group activity in physical exercise and personal hygiene and in some systems instructions in sex hygiene. These activities may be conducted by physical education teachers, doctors, nurses, special teachers. Some school systems keep confidential health records which follow the children through their elementary or secondary-school careers. Special medical facilities as well as special classes are sometimes available to crippled children, the deaf and hard-of-hearing, the blind, and those otherwise physically handicapped. Some communities provide child-guidance clinics through their school system or otherwise for diagnosis and treatment of children's behavior difficulties. Children *and* their parents are the patients.

Vocational Guidance. Vocational guidance is the process of helping individuals both young people and adults to obtain information, experience, and counsel with regard to choosing, preparing for, and succeeding in an occupation.⁵ This program may be found in employment agencies, in some large urban social and youth agencies,

³ 1945 *Social Work Year Book*, p. 517.

⁴ Shirley Leonard, *op. cit.*, pp. 425-430.

⁵ Mary P. Corre, "Vocational Guidance," 1945 *Social Work Year Book*, pp. 468-474.

in special bureaus established for this purpose, and in high schools and colleges. Workers rendering these services are variously called vocational counselors, vocational advisors, vocational psychologists, employment counselors, vocational psychologists, deans, etc.

Vocational counseling is concerned with helping the individual to discover abilities and interests and with relating these to occupational opportunities. The counselor's approach is similar to that of the social case worker. In fact, organized vocational guidance owes its beginning to social workers who recognized the problem and persuaded various agencies to experiment with schemes. Although vocational guidance experts may use many of the psychological principles and methods of the social case worker including those of interviewing, use of community resources, records, etc., their training is not the same. Generally, as a minimum this training includes educational theory, counseling and psychiatric techniques, and occupational information. As an organized movement vocational guidance began in 1908. By 1942 some eighty school systems reported directors of guidance.

As was stated above, vocational guidance as a practice is not limited to school systems but is available to adults through such organizations as the army and navy, the Reemployment Division of the Selective Service System, the United States Employment Service, the Rehabilitation Division of the Federal Security Agency, and the Occupational Information and Guidance Service of the United States Office of Education. The leading professional organizations are the Council of Guidance and Personnel Associations and its constituent groups: the National Vocational Guidance Association, the National Association of Deans of Women, the American College Personnel Association and nine smaller organizations.

School Provisions for Special Groups of Children: Crippled Children. A comprehensive program for crippled children includes locating them, clinic, hospital, convalescent and after-care, and a classroom or educational program. At this point we are concerned with educational facilities. Departments of education in some states make provision for the education of crippled children through special classes, through schools for the handicapped, and through teaching services in hospitals and convalescent homes, and in the child's own home. In Wisconsin, for example, a state subsidy is made to the school systems of twelve cities. From 1939 to 1944 a yearly average of almost 1,000 children received the services provided by these twelve orthopedic schools in which there is a combined program of physical ther-

apy and academic work. In addition to those handicapped children requiring physical therapy but who can attend school, there is a group for whom school attendance would be either too hazardous or physically impossible. A program of home-teaching is arranged for them. These programs are administered by the Bureau of Handicapped Children of the Department of Public Instruction. This bureau has set up numbers of other programs including a convalescent home with school facilities for children with rheumatic hearts, and a summer short-time experimental program in speech correction work for children with post-operative cleft palates and cleft lips. It also conducts a boarding-home program for children coming into those urban areas which conduct special classes.⁶

Anyone who has visited classes of crippled children and seen armless children writing with their feet or spastics conducting a discussion group must be impressed with the eagerness of the school system to treat these children as nearly like "normals" as children with severe physical defects can be treated.

Deaf, Hard-of-Hearing, Blind. It is difficult for the hearing person to realize what loss of that sense at birth or from infancy means. There is no speech and no language until these are developed by special teaching, and so there is an educational lag of several years which must be offset by individual teaching at home and in the school. The adult who becomes deaf in middle age has a personal adjustment to make, but he has both speech and language. Between these extremes of hearing and complete deafness are many gradations of hearing problems with which advanced school systems deal through special classes.⁷

Typical of the difficulties that hearing and non-hearing persons have in understanding one another is the following. A Smith College student had occasion to take a five-year-old deaf child from the famous Clark School for the Deaf in Northampton, Massachusetts, to Chicago. This very bright child had not yet learned to read lips. Helen was a well-adjusted child throughout the whole journey, but she had one experience which she could not understand and which her adult companion had trouble in explaining. In the midst of their meal in the diner and while Helen was eating her ice cream, the waiter notified them that for an unexplained reason the diner was

⁶ Department of Public Instruction, Bureau of Handicapped Children, *Wisconsin Services for Handicapped Children*, Madison, November, 1944.

⁷ Harriet Montague, "The Deaf and the Hard of Hearing," 1945 *Social Work Year Book*, pp. 129-134.

going to be disconnected immediately from the rest of the train. Companion and howling child were rushed out of the car in a hurry. It was only when the child was taken through the whole train and given a chance to observe that there was no ice cream available that she could understand her deprivation.

Injuries from the war causing deafness have increased interest in this problem and occasioned considerable research into the mechanics of sound amplification, the causes and cures of deafness, and the psychological problems of those with auditory handicaps. Improvement in hearing aids and in lip-reading instruction have increased the employment status of this group.

Not until 1784 in Paris were there special educational facilities for the blind. At that time Valentine Haüy founded a school for the blind and developed an embossed type for their use. From that beginning, have grown our educational programs and the use of Braille. There are now fifty-eight residential schools for the blind in the United States and twenty-two cities provide Braille classes in the public schools. In Wisconsin, for example, the Bureau of Handicapped Children supervises all special class-work throughout the state for handicapped children including that for the blind. There is one resident school for the blind and one for the deaf, seven day-schools for those with deficient vision, twenty for the deaf and hard-of-hearing, twenty-four for those with defects in speech, and forty-nine for the mentally handicapped. In the school year 1943-1944 13,062 children attended these schools and classes.

Other activities such as special printshops and workshops, resources for vocational training and personnel guidance, and public assistance programs, supplement educational provisions. One of the most important recent services provided the blind is through Seeing Eye, Inc. in Morristown, New Jersey. This organization acts as a "philanthropic association for the purpose of supplying blind persons with dogs trained to act as guides, to train dogs to guide the blind, to train and teach instructors in the science and technique of educating dogs as guides, and to educate and train blind persons in the proper use and handling of these dogs."⁸ Just as the normally-endowed person is exhilarated when he observes the learning processes of the crippled and the deaf, so he is excited when he watches the blind person move in congested traffic or take his place in the classroom or industry. It is inevitable that more and more communities will become interested in providing local educational and other resources for the deaf, the

⁸ 1945 *Social Work Year Book*, p. 577.

hard-of-hearing, and the blind.⁹ Of course, very special governmental provisions will have to be made for our servicemen who have become deaf or blind.

Day-Care Centers. Kindergartens, at least in urban centers, are a generally accepted aspect of elementary school education. Nursery schools as part of the educational system are not nearly so prevalent, although the actual number of tax-supported nursery schools does not reflect the true situation since many communities privately finance them. The war was responsible for the expansion of day-care facilities, many of which took on, at least for the pre-school-aged child, the characteristics of nursery schools. The traditional day-care agency is the day-nursery. It was totally unprepared with the advent of war to care for the children of war-employed women.

In July of 1942 approximately \$6,000,000 allocated to the Work Projects Administration was designated for use in reorganizing its nursery school program to meet the needs of employed mothers. After December, 1942, when the Work Projects Administration was dissolved by order of President Franklin D. Roosevelt, the expanding nursery-school program was continued in many communities with funds from the Community Facilities Act, familiarly called the Lanham Act and was administered by War Public Services of the Federal Works Agency. These funds were used for the construction, maintenance, and operation of group day-care facilities to include not only the nursery-school-aged child but older children, sometimes even into the teen-age.

There were no provisions in the federal program for social case work nor foster-family day-care. When these were provided, funds were furnished by states and local communities. In January, 1943, responsibility for promoting and coordinating the necessary programs for the day-care of children of mothers employed in essential war activities was placed under the Office of Community War Services of the Federal Security Agency (then called the Office of Defense Health and Welfare Services).

Day-care centers financed, in part, by funds from the Lanham Act (unavailable after March 1, 1946) were for the most part under supervision of local and state departments of education with a small number administered by departments of welfare. Since Lanham Act funds carried with them no federal supervision, responsibility for the centers rested with the locality and there were wide differences in programs and standards. In most programs, as has been indicated,

⁹ Gabriel Farrell, "The Blind," *1945 Social Work Year Book*, pp. 45-50.

primary emphasis was placed on care for pre-school children although some centers took children under two and some took children of school age. On February 28, 1946, there were 1,497 child-care units or 395 projects in 386 communities partially financed by Lanham-Act funds.¹⁰ One month later there were 85 fewer programs and 332 less units. Many communities are having their troubles in finding local funds to continue these programs. Madison, Wisconsin, is preserving the program on a reduced scale with temporary community chest funds pending the action of the city council either to appropriate funds or to abandon the project.

School Lunches. The federal government first became interested in the school-lunch program in 1933 when the Work Projects Administration established school-lunch programs to provide employment. In 1935 the Department of Agriculture began to make contributions of surplus foods to schools as part of its program to relieve farm surpluses. Early in 1943 the Work Projects Administration was discontinued and food surpluses disappeared, thus eliminating both forms of federal aid to school-lunch programs. However, later in 1943, the War Food Administration received authorization to use \$50,000,000 for the twelve months ending June 30, 1944, to reimburse school lunch sponsors for the local purchase of foods. An additional \$50,000,000 were again authorized for the year 1945-1946 with a supplementary appropriation of \$7,500,000 made available in January, 1946.

In the summer of 1946 Congress passed an act setting up a permanent program. Federal aid is for food purchase only and pays for about one-third of the total costs of providing lunches and one-half of the cost of the food. In 1945, approximately 5,000,000 children were receiving school lunches for which federal aid was furnished. In 1944 the State of Wisconsin, for example, ranked eleventh among the states in its program, some 27 per cent (186,000) of its school population benefiting by the federal program.

Justification of the school-lunch program has been based principally on three grounds. It provides:

1. An effective food production and distribution program.
2. An effective method of correcting the serious and wide-spread malnutrition among school children.

¹⁰ *Social Legislation Information Service, Inc.*, Issue No. 85, July 5, 1946, 930 F St., N.W. Washington 4 D.C.; Alice T. Dashiell, "Day Care of Children," *1945 Social Work Year Book*, pp. 124-129; Kathryn Close, "After Lanham Funds—What?" *Survey Midmonthly*, Vol. LXXXI, No. 5, May, 1945, pp. 131-135. The Lanham Act or the Community Facilities Act is Public Law 137, 77th Congress.

3. An effective method of educating children and parents on the values of proper habits of nutrition.¹¹

The last two objectives are of prime importance to everyone concerned with the general welfare of children.

Parent Education. There are numerous organizations, some with a fairly long history, which are interested in adult education, especially of parents and teachers. Such organizations as the Association for Family Living in Chicago, the American Association of University Women, the National Congress of Parents and Teachers, the Federation of Child Study, have done much to give parents an opportunity to take advantage of technical information concerning child development.

In 1924 the Child Study Association in coöperation with Teacher's College of Columbia University established the first course for the training of leaders in parent education. During the 1920's the Laura Spellman Rockefeller Memorial made funds available for expanded child-development research programs in various universities. Parents are increasingly asking for individual counsel on relationships with their children and many go to family-counseling agencies, pediatricians, psychiatrists, and child-guidance clinics for such help. All of this is encouraging since it is no mere platitude that it is often the problem parent and not the problem child who needs reëducation. More and more, teachers are being exposed to modern theories and methods of child training and care through the growth of child-development majors in teachers colleges and universities.¹²

CHILD-LABOR SERVICES

The phrase *child labor* usually refers to employment of minors under eighteen years of age. Today child labor is a problem of adolescents whereas a century ago it was that of young children. The child-labor movement began by restricting the labor of indentured and apprenticed children, and it was expanded to include provisions for all children under certain conditions. We have rejected the idea that the very young child, especially if he is poor, must be taught thrift and industry through labor. We now believe that every child should attend school for a given number of years, that he should not

¹¹ *Social Legislation Information Service, Inc.*, Issue No. 3, January 17, 1945; Issue No. 12, March 29, 1945; Issue No. 55, January 31, 1946.

¹² *Bulletin of the University of Wisconsin*, "Our Children," Summary of Addresses Given During the Annual Child Development Institute held at the University of Wisconsin, July 30-August 3, 1945.

be permitted to work at all under a defined minimum age, and that when he is permitted to work, he should be assured adequate state protection.

Child-labor legislation until very recently has been almost entirely a state development with some states having high age minima, prohibited hours of labor, prohibited types of occupation, minimum wages, etc. Because of the inequality between states, Congress in 1916 and in 1919 passed two laws attempting to control the conditions of child labor, but the United States Supreme Court declared both acts unconstitutional. In view of the fact that two attempts to regulate child labor throughout the country had been declared unconstitutional, many friends of children felt that the Constitution should be amended in order to authorize Congress to enact child-labor legislation. In 1924 an amendment was adopted by the necessary two-third vote of both houses of Congress and was submitted to the states for ratification. The amendment reads as follows:

Resolved by the Senate and House of Representatives of the United States of America in Congress assembled (two-thirds of each house concurring therein), That the following article is proposed as an amendment to the Constitution of the United States, which, when ratified by the legislatures of three-fourths of the several States, shall be valid to all intents and purposes as a part of the Constitution:

Article ———

Section 1. The Congress shall have power to limit, regulate, and prohibit the labor of persons under eighteen years of age.

Section 2. The power of the several States is unimpaired by this article except that the operation of State laws shall be suspended to the extent necessary to give effect to legislation enacted by the Congress.

By 1946, twenty-eight states, eight less than required, had ratified the amendment.

In 1933 under the National Industrial Recovery Act (the NIRA), code after code agreed not to employ children under sixteen. In 1935 the United States Supreme Court held the act unconstitutional. In the belief that a Supreme Court with several new appointees holding New Deal points of view might hold another child-labor law constitutional, several bills providing for federal regulation of child labor were introduced into Congress. Finally in 1938 the Fair Labor Standards Act, more commonly called the Wages and Hours Act, was passed. Among other points it fixes sixteen as a national minimum age for child labor in factories and mines producing goods shipped in interstate commerce, and permits the exclusion of children under

eighteen from occupations covered by the law and found to be hazardous by the Chief of the United States Children's Bureau. The Supreme Court has held this act constitutional. Because large numbers of children do not come under its provisions, there is still need for ratification of the child-labor amendment by eight more states.

Unprecedented wartime increases in child labor, both legal and illegal, with consequent decreases in school enrollment and lowering of legislative standards, reversed a pre-war trend. Mrs. Gertrude Folks Zimand, general secretary of the National Child Labor Committee, reported in 1944 in the fortieth anniversary report of that organization, that "advances in child-labor and compulsory-education laws had brought about a marked decrease in child labor and a marked increase in school attendance during the forty years since the National Child Labor Committee began its activities in 1904. High-school enrollment which increased by 4,000,000 students between 1920 and 1940 to reach an all-time high of 7,244,000 students in 1940, went into reverse then; there are 1,000,000 fewer students in high school today than in 1940. This loss is mainly due, not to the draft but to the great increase in the number of boys and girls who have left school to work . . . the flood of bills to relax child-labor and compulsory-education laws so far has been held in check sufficiently to prevent wholesale breakdowns of legal standards, but the flood of young children going into industry has been impossible to check because of existing weaknesses in state laws, most of which still permit children to leave school for work at fourteen and many of which fail to set any age or hour limits for a large number of occupations."¹⁸

In the post-war period it is again incumbent upon those interested in children to renew the struggle for the enactment and enforcement of legislation dealing with child labor. The National Commission on Children in Wartime, an organization comprised of some 60 leaders in the child-welfare field and fostered by the Children's Bureau, in considering the needs of post-war youth, recommended the following measures for assistance to young people who lost their war jobs:

Student aid for high school, vocational, professional and technical students.

Job-placement services to aid them in their search for employment.

Programs that would give to young people the opportunity to combine work and school in such a way as to serve their long-run interests.

¹⁸ *New York Times*, November 13, 1944.

Employment of youth on public-service projects, such as soil and forest conservation.

Skilled employment-counseling services to help young people to make their choice of jobs, training courses, and educational opportunities.

Clearly these measures are needed not merely as temporary aids for displaced young war workers but as permanent services.¹⁴

Mrs. Zimand in her 1945 annual report to the National Child Labor Committee pointed out that the extent of child employment during the war showed beyond a doubt that child-labor groups and school groups have a joint concern in standards of education and employment. The child-labor program for the post-war years must, she said, be two-edged: first, it must continue to focus on child-labor sore spots; and second, it must turn its attention to the one child in six who does not enter high school, the 50 per cent who enter high school but do not graduate, and the unknown number who are college material but who never get to college.

No one knows to what extent child labor, legal and illegal, was a factor in the increased amount of juvenile delinquency during the war. Illegal child labor must be stopped as one of the methods of decreasing juvenile delinquency. More important however, it must be controlled so that children shall not be deprived of the benefits of education. Both as a method of preventing delinquency and as a means of encouraging further education, child labor-standards must be raised in many states.

MEDICAL CARE AND HEALTH SERVICES

Introduction. Every child has a right to be born to healthy parents living in healthful communities. That this is a principle and not a fact is obvious; that the size of the public believing this principle is increasing is also apparent. For example, in 1945 twenty-eight states required a pre-marital venereal examination of one or both applicants for a marriage license and twenty-seven that a blood test be made on pregnant women. From birth, and even before birth, to death, the community is assuming increased responsibility for the preservation and protection of the health of all individuals. Sanitary conditions are checked upon by departments of health; the spread of contagious disease is controlled through vaccination and quarantine measures; public and private resources furnish various types of medical and nursing care; free medical care and hospitalization are furnished

¹⁴ "What Next for Youth," *The American Child*, Volume 27, No. 6, October, 1945.

low-income groups; standards of living including nutritional standards are influenced by public-assistance and social-insurance programs; agitation for compulsory health-insurance measures increases.

Maternal and Child Health and Other Programs. Children benefit by programs that protect the health and welfare of their parents, but all children require specialized medical services. Perhaps the most important health service directly affecting children and presently available throughout the country is the maternal and child-health program administered by the Children's Bureau. "Maternal and child-health services may be defined as the protection, promotion, and conservation of the mental and physical health of children from the prenatal period through adolescence and of their mothers through the reproductive cycle."¹⁵

The infant-welfare movement had its origin in the United States in the nineteenth century with the establishment by voluntary agencies of milk stations as a means of reducing infant mortality. In time the services of doctors and nurses and of follow-up nursing care in the home to teach mothers how to prevent illness of their children were added. It was during this same period that medical inspection was initiated in some school systems, that diphtheria anti-toxins were furnished, and that numbers of states passed legislation concerning the control of birth blindness or *ophthalmia neonatorum*.

Numbers of other events are important in the expansion of maternal and child-health work. One of these is the development of birth registration, which since 1933 has included the whole country and which makes possible accurate statistical compilation. Of course, the creation in 1912 of the United States Children's Bureau, the purpose of which is to investigate all matters concerning the welfare of children, was significant. The Sheppard-Towner Act of 1921 which lapsed in 1929, established for eight years the principle of federal grants-in-aid to states for the development of local prenatal and child health services in rural areas. With the passage in 1935 of the Social Security Act this program was revived and other services were made available including a program for crippled children and one involving child-welfare services in rural areas and in areas of special need.

All four of the White House conferences have focused much attention on the health needs of children. The National Health Conference, called by the Interdepartmental Committee to Coordinate

¹⁵ Sarah S. Deitrick, "Maternal and Child Health," *1945 Social Work Year Book*, pp. 248-252.

Health and Welfare Activities in 1938, included in its recommendations the expansion of maternity care and care of newborn infants, medical care of children, and services for crippled children. The National Commission of Children in Wartime in 1942 adopted a Children's Charter in Wartime which included recommendations concerning medical provisions for children. In March, 1943, Congress provided an appropriation for an emergency maternal and infant-care program. While in effect it was administered by the Children's Bureau and furnished funds to state health agencies for medical, nursing, and hospital care for the wives and infants of enlisted men in the six lowest-pay grades of the armed forces. The continued decline of infant mortality rates, even though not all groups and all sections show equally satisfactory rates, is encouraging to those who believe in these programs and who wish to see them expanded.

Federal public-assistance programs have done much to make a higher standard of living available for many children and thus to protect their health; they have also furnished extensive medical care as an integral part of the service. The health-insurance proposals of the various Wagner-Murray-Dingell bills, if enacted into legislation would, of course, provide extensive medical and hospital care for millions of low-income families throughout the country.

Innumerable private organizations conduct general or specialized health programs. Such organizations as the National Tuberculosis Association with its 2,000 affiliated associations and committees and its annual Christmas-seal sale, the American Heart Association, the National Society for the Prevention of Blindness, Industrial Hygiene, Dental Care, the American Society for the Hard-of-Hearing, the National Organization of Public Health Nursing, the American Public Health Association, all affect children since they conduct educational or medical programs or both. Local visiting nurse associations called by a variety of names render particularly important services in homes.

Crippled Children. No organization has drawn more attention to the needs of handicapped children than the National Foundation for Infantile Paralysis organized in 1938 for the purpose of leading, directing and unifying the fight on all phases of infantile paralysis. This organization grew out of the interest developed by the nationwide celebration of President Franklin Roosevelt's birthday. One-half of the funds raised each year are retained locally to render direct assistance to those afflicted with infantile paralysis regardless of age, race, creed, or color and may be used for medical, surgical, nursing,

physical therapy and hospital care, orthopedic appliances, transportation, and the provision of equipment to hospitals.

The National Society for Crippled Children and Adults has stimulated the development of many state societies, which, in turn, have organized county committees that provide assistance to and promote understanding of the medical, educational, and social needs of crippled children. The Social Security Act authorizes an annual appropriation for grants to the states to help them extend and improve services for locating crippled children and for providing medical, surgical, corrective, and other services and facilities for diagnosis, hospitalization, and after-care for children who are crippled or who are suffering from conditions which lead to crippling. This program is administered by the Division of Health Services of the Children's Bureau. The division administers both the crippled-children program and the maternal and child-health program of the Social Security Act. On the state level departments of education, health, or welfare carry on the program.¹⁶

Housing. If children are to be healthy in both mind and body, they must be brought up in homes which are physically adequate. It is estimated that one-third of the nation is ill-housed.¹⁷ The war is responsible for an acute housing shortage which in certain kinds of communities, such as college and industrial centers, presents a serious post-war problem. The pictures in a December, 1945, issue of *Life* showing two ex-servicemen and their wives and three small children living in a New York City two-room \$100 a month apartment is not a heartening one.

Between World War I and World War II an average of 485,000 new non-farm dwelling units were built per year in the United States. Various estimates indicate there is need to provide about 1,000,000 new units per year for ten years in the post-war period, if accumulated deficiencies are to be met. Greatly expanded public and private housing can also be a major force in post-war economic readjustment.

America's entry into World War II brought about a complete change in government-housing policies. In peacetime that policy sought improvement in the housing situation, first, through increased private investments, and second, through governmental provisions for and operation of housing enterprises for low-income groups. The

¹⁶ A. L. Van Horn, "Crippled Children," *1945 Social Year Book*, pp. 118-124.

¹⁷ Edmond H. Hoben, "Housing and City Planning," *1945 Social Work Year Book*, pp. 178-188.

war brought a need for speedy housing of millions of transient war workers. This necessitated more concentration of authority in the federal government than there had been during the depression of the '30's when numerous housing experiments were federally carried on as a means of providing employment to the unemployed and as an incentive for business to invest in housing materials. These new responsibilities placed upon federal housing agencies precipitated co-ordination of their activities, and in 1942 by executive order of the president sixteen agencies were brought together in the National Housing Agency which operates under three major units: Federal Housing Administration, Federal Home Loan Bank Administration, and Federal Public Housing Authority.

When war suspended all normal public and private production of houses, the public housing program had just begun to develop into an important governmental activity. Several forces are operating in the post-war period to prevent the government from entering this field to any significant extent. One of these is the real-estate and home-financing organizations which believe that private enterprise should be left alone in this field and that public housing is a menace to democratic American life. Although these interests think that private enterprise should not have to compete with governmental programs, they paradoxically suggest several forms of protection and aid to private industry, among others: (1) the granting of federal credit to private-housing corporations for long periods at little or no interest, tenants for these projects to come from low-income groups; (2) the granting of generous income-tax exemptions to private capital for large-scale low-cost housing; (3) the granting of rent relief in the form of rent certificates by public welfare agencies to families in need of better housing but unable to purchase it themselves.

It seems undebatable that for at least a decade new housing for low-income and marginal groups will be inadequate but unless federal, state, and local governmental encouragement and assistance are furnished, the situation will become unreasonably and unnecessarily severe. Children particularly will be affected by this situation. At least two results can be predicted—ill health and juvenile delinquency.¹⁸

¹⁸ See excellent article on housing in general and on the Wagner-Ellender-Taft bill in particular by Leon H. Keyserling, "Homes for All—and How," *Survey Graphic*, Vol. XXXV No. 2, February, 1946, pp. 37-41 ff.

RECREATION

The great demand by school systems for teachers who have competency in the skills required for carrying on wholesome recreational activities reflects the widespread growth of interest in leisure-time activities for children and youth. Recreation is considered by many to be among the basic needs of the individual and of the community. Recreation "is essentially the physical, mental, or spiritual satisfaction which comes to an individual or group from participation in certain forms of activity . . . children need happy, healthful, social play to attain their fullest development; young people with limited resources and without wholesome recreational opportunities tend to seek questionable amusements leading to delinquency; workers need recreation during their off-hours in order to keep their spirits and productivity high; among members of the armed forces, athletics, entertainments, and hobbies have demonstrated their value in sustaining efficiency and morale; on the home-front, recreation programs help preserve traditions of neighborliness, joy, and beauty. Recreation today has a major place in the home, school, church, hospital, industry, army camp, and community."¹⁹

We saw in the chapters on social group work that organized recreation, especially municipal recreation with playgrounds and extended use of parks and school buildings, is a twentieth-century phenomenon. During the depression years local recreation budgets were cut, but the extensive use of federal funds for recreational activities actually gave impetus to these services in some communities. Federal departments promoting leisure-time activities include such agencies as: The National Park Service in the Department of Interior, the Forest Service and the Extension Service in the Department of Agriculture, and the Federal Housing Authority. The Division of Recreation of the Office of Community War Services in the Federal Security Agency did much during the war years to promote local recreational activities particularly in camp areas, and it worked actively with the USO.

As state legislatures have enacted laws providing for the use of local tax funds for municipal recreation programs, an increasing number of cities have expanded their facilities, especially for youth. The experience of one city of 75,000 may illustrate what has happened.

Prior to the war this Wisconsin city developed a municipal recrea-

¹⁹ George D. Butler, "Recreation," *1945 Social Work Year Book*, pp. 363-375.

tion program which was school-centered. All kinds of resources were provided adults during the week. Over week-ends the schools were used for dances for young people. With the advent of the war, activities for adults dwindled in importance and those for children and youth increased. Stimulated by the local recreation council comprised of representatives from various organizations interested in recreation and by the municipal recreation department, a youth council was formed.

This council, guided by professional leadership and comprised of high-school-aged youth, was responsible for the opening of a youth center divorced from the school system. Approximately 1,000 young people danced and played cards every Friday and Saturday night in this center. So enthusiastic did the young people become for their youth-managed center that immediately following the war they petitioned the city fathers and the community chest for some \$25,000 to run a recreation center in the building occupied during the war years by the USO. The request was granted and today the center flourishes. In this same Wisconsin city during the war, the schools were heavily used for extension centers so that school-aged children of working mothers might have supervised recreation after school and on Saturdays.

During the war hundreds of youth centers with full-time or part-time programs mushroomed all over the country. It is the general consensus among those working with youth that these centers were a major factor in channeling energies of young people and in preventing even more juvenile delinquency than was prevalent at the time.

Voluntary agencies likewise grew in number and in influence during the war. Much of this war-derived momentum survives. Boys' and girls' and youth organizations such as the YMCA and YWCA, Catholic and Jewish youth groups, Boy and Girl Scouts, Campfire Girls, 4H Clubs, Junior Red Cross, the Boys Clubs of America, Future Farmers of America, Future Homemakers of America, settlements, and private community centers, modified and expanded their activities to meet war needs.

The most important single rural program is conducted by the Extension Service of the United States Department of Agriculture. It is primarily an educational organization, one part of which comprises activities with boys and girls over ten. The 4H Clubs (health, hand, heart, and home) provide healthy educational-recreational

activities for rural young people. Nineteen forty-three reports from county agents who promote and supervise the program showed that nearly 1,700,000 rural young people were members of these clubs. The average club program covers community improvement projects, agricultural and home-making projects, and recreation. During the war all 4H clubs engaged in a national victory program which included producing and conserving food supplies, health programs, practice in democratic procedures. These farm boys and girls did much to relieve farm-labor shortage and even assisted urban boys and girls to perform the farm tasks they had volunteered to carry on.²⁰

A valuable recreation service is provided by both profit and non-profit camps. That camping has taken hold in this country is shown by the growing interest in the provision of this experience for every school child. Not only does the progressive camp realize what swimming, hiking, boating, nature study, music, drama, and crafts have to contribute to the development of young people, but it recognizes the values of group living. Special types of camps, such as day camps, work and farm camps, camps for the handicapped, and therapeutic camps for children with personality problems, all realize the importance of play and group-living for wholesome personality growth.

Many youth services, described for this purpose to be programs promoting the welfare of young people sixteen through twenty-five years of age and not programs with a patriotic, political, religious, or specific-cause purpose, have recreational aspects. This was true of the NYA and CCC both liquidated in 1943. The Associated Youth-Serving Organization (AYSO) was established in 1943 in response to the need felt by several national voluntary agencies for closer coöperation. The agencies included are Boys Clubs of America, Campfire Girls, Girl Scouts, National Board of YWCA, National Council of YMCA, National Federation of Settlements, and the National Jewish Welfare Board. The services of all these agencies are primarily educational and recreational. This national organization has done much to promote program planning and coördination of activities for young people throughout the country.

The Committee on Youth Problems of the American Council on Education was appointed in 1942 to implement the findings of the

²⁰ Saul Bernstein, "Boys' and Girls' Work Organizations," *1945 Social Work Year Book*, pp. 30-38; Carl C. Taylor "Rural Social Programs," *1945 Social Work Year Book*, pp. 384-389.

American Youth Commission. This committee acts as a clearing house of information regarding youth developments and problems. The Youth Commission itself is concerned with the problems of education, employment, health, and recreation.²¹

American Youth Hostels is a national organization with a local program designed to help all, especially young people, to a greater knowledge, understanding, and love of the world by providing hostels, bicycle trails, and footpaths and by assisting them in their travels in this country. American Youth Hostels provides an outdoor program through which it hopes to counteract some of the characteristics of modern youth with their interest in indoor and passive activities.

Not the least of the agencies providing recreational resources for youth was the USO, an organization made up of six national agencies and with an extensive recreation, education, and religious program for servicemen when off-duty. The USO was responsible for providing diversified activities for millions of servicemen, with the assistance of relatively small staffs and of untold thousands of volunteers. History will record that the USO made a significant contribution to wartime community recreation.

Myriads of local organizations including churches carry on recreational programs for children and youth as a primary or secondary function. The wartime growth of delinquency and efforts to prevent it are in part responsible for expansion of interest in recreation by religious groups.

Commercial recreation is one of the largest businesses in this country. The income derived from movies, theaters, dancehalls, amusement parks, taverns, bowling alleys, football, baseball, and basketball games runs into billions. Much commercial recreation is characterized by "spectatoritis." No one in his right mind who is interested in *social* recreation contemplates elimination of commercial recreation or of the passive aspects of recreation. Instead he emphasizes the importance of providing public and privately-supported resources within which active participation can occur. Besides, he seeks to control the quality of commercial recreation and its environmental conditions by inspection, licensing, enforcement of sanitary and safety laws, censorship, and the force of public opinion.

²¹ Margaret B. Hodges, "Youth Services," *1945 Social Work Year Book*, pp. 485-493.

SERVICES FOR DEPENDENT, NEGLECTED, DELINQUENT
CHILDREN

Introduction. In 1944 on her tenth anniversary as third chief of the United States Children's Bureau Miss Katherine F. Lenroot turned her press conference to a discussion of ways in which this country may have been penny-wise and pound-foolish regarding programs for children. She pointed out that had children's services been extended earlier, the United States would not have had almost 4,000,000 draft rejects due in the main to preventable causes. The bureau, she said, is studying ways by which medical care can be extended ahead of other aspects of social-security programs. While much has been learned about medical care for the masses through the emergency maternal and infant care programs of the war period, any post-war plan should not apply merely to particular segments of the population. To produce a population mentally and emotionally more stable she favored the extension of child-guidance clinics staffed with psychiatrists, psychologists, and social workers. She urged provision of federal aid to education and additional federal and state child-labor legislation as means of ending illiteracy.²²

The Chief of the Children's Bureau and her staff continuously work for the provision both of universal and specialized services for children and youth. They reiterate that a child has the best chance of normal growth and personality development in his own home. Such a statement, of course, implies that his own home gives him *good* physical and emotional care. When the home is not desirable for reasons of sickness, lack of parental understanding of the child's emotional needs, deviating behavior patterns of the child that the parents cannot cope with, or behavior of the parents that the community will not accept, foster-home or institutional care on either a temporary or a permanent basis may be indicated.

The war brought in its wake interrupted family routine, separation of parents, unwholesome community conditions, and hence an increased need of community services including especially foster-home programs. Mr. Hopkirk, Director of the Child Welfare League of America, reported in 1944 that the number of children in this country receiving care in institutions and in foster homes is not great as compared with Europe, but 250,000 children do go to bed each night in dormitories of child-care institutions. About 150,000 of them may be designated as dependent and neglected; 60,000 as physically handi-

²² *New York Times*, Nov. 11, 1944.

capped, feeble-minded or epileptic; and 40,000 as delinquent. Probably an additional 120,000 are in foster-homes.²³

Services may be given the dependent, neglected, delinquent, handicapped, illegitimate child in his own home, in a foster-home, in an institution, and by such agencies and resources as public-assistance departments, family-service agencies, juvenile protective associations, societies for the prevention of cruelty to children, the police, juvenile courts, and child-welfare agencies. The primary functions of several of these resources is reviewed elsewhere, but at this juncture it is *a propos* to discuss the activities of child-welfare agencies concerned primarily with foster-homes and institutional programs.

Foster-Homes and Institutions. The kind of foster-home chosen for any child requires careful selection. There are four main types, the boarding or pay home, the free, the wage, and the adoptive home. A boarding home is one to which the parents or a public or private agency pays a stipulated weekly or monthly sum for the care of children. A free home is one which requires no payment for the care of children and very often becomes an adoptive home. The wage home is one where arrangements are made for the child to render service for which he in turn receives the advantages of parental care. The adoptive home is one in which the foster-parents contemplate the adoption of the child placed with them.

Free homes and wage homes are more often used for older children while boarding homes and adoptive homes are primarily used for young children since they offer the nearest resemblance to the child's own home. The selection and supervision of foster-homes necessitates the employment of specially-prepared case workers. Today many states have legislation imposing responsibility upon a welfare department, with competent case workers, to license, certify, and inspect children's agencies, institutions and foster homes. Only by such an exercise of the constitutional police power of the state can children be adequately protected against exploitation.

Which children should be placed in an institution and which ones in a foster-home must be determined by the needs of the child. The institution is considered to be best suited to: (1) children needing clinical diagnosis and therapy in which a controlled environment and trained staff offer the opportunity for observation, study and treatment; (2) adolescent and pre-adolescent children who would find the demands of the foster home too difficult; (3) brother-and-sister

²³ Howard Hopkirk, *Institutions Serving Children*, New York, Russell Sage Foundation, 1944, p. 1.

groups too large to be placed together in a foster-home; (4) children whose parents cannot accept foster-home care; (5) children whose relationships with their parents are such that they are unable to accept substitute parents in a foster-home; (6) children needing convalescent care. Very young children and those whose social maladjustment make group-living too difficult do not belong in an institution.²⁴

New evidence of the good stuff in children from unpromising backgrounds and their chances of turning out well in foster-homes is disclosed in a study completed recently at Yale University and announced by the State Charities Aid Association of New York.²⁵ This study shows that children of alcoholic and of mentally-disturbed parents placed in foster-homes from twenty-five to thirty years ago are now, generally speaking, found to be living useful lives comparing well in adjustment with children of normal parentage. None of these children became alcoholic and no child of a psychotic parent was found to be psychotic. The average age of the seventy-eight children studied is now thirty-one.

Institutions caring for children vary greatly in sources of funds, in personnel and standards of care, in adequacy and modernness of equipment, in size, in use of foster and adoptive homes. Some institutions, particularly those with religious affiliations, have long histories and often find it difficult to bring their methods of care up-to-date. It is doubtful if a child benefits from institutional life after three years of residence. Although many institutions keep children longer than that, the average length of stay in a good institution is about one and one-half years. Psychological, psychiatric, and case-work services as well as adequate housemothers, a good educational system, and plenty of wholesome recreation, are needed if the child is really to benefit from his institutional experience.

Children of Unmarried Parents and Adoption. A group of children requiring special attention are those of unmarried parents. The death rate of illegitimate children is always higher than that for legitimate children. Both the parents and the child need to have available a variety of kinds of services including social case work and guidance, maternity homes and medical care, legal resources for determining

²⁴ Charlotte Leeper Hanson, "Child Welfare," *1945 Social Work Year Book*, p. 73. There are many articles and books on the subject of child placement. See, e.g., Jessie Taft, ed., *Social Case Work with Children*, Philadelphia: Pennsylvania School of Social Work, 1940; Virginia P. Robinson, ed., *The Relation of Function to Process in Social Work*, Pennsylvania School of Social Work, 1937; Henry W. Thurston, *The Dependent Child*, New York: Columbia University Press, 1930.

²⁵ *New York Times*, Dec. 14, 1945.

paternity and parental responsibility, facilities for foster-home placement including adoption. Only a small percentage of illegitimate children are adopted although the majority of children placed for adoption are illegitimate. Most illegitimate children remain with their mothers or relatives.

Any child, legitimate or illegitimate, who is placed by a relative or an agency for adoption should be assured the best possible placement. This assurance can be reasonably guaranteed only if a state welfare department with adequate personnel is required to license placement agencies and if the courts that grant adoption petitions are required to make or to have made adequate investigations of the child, of his natural, and of his adoptive parents.

Adoption is regulated by statute and is consummated through a judicial process. Legal provision for adoption is practically universal throughout Europe, Canada, and the United States and is found in some oriental and South American countries. It did not exist in England until 1926. At one time the primary purpose of adoption was the provision of an heir; today it is for the benefit and satisfaction of child and adopting parent. Statutes with much variation include provisions for: (1) courts having jurisdiction, (2) procedure including consent of parents, of child in some situations, of agencies given guardianship rights, (3) a social investigation, (4) a trial period, (5) effects of adoption as to name, legal rights, and duties of adoptive parents and child, (6) annulment, revocation, repeal, (7) records and vital statistics.²⁶

The most important single process in adoption proceedings is the social investigation. Careful inquiry must be made if child, foster and natural parents, and society are to be protected. Over half the states have statutes on this subject. The social case worker who performs this important function must be able to recognize legal difficulties, but more important he must be highly experienced in diagnosing the potentialities of emotional adjustments so important to the development of healthy, mature, well-balanced adults. Experienced and competent social-work personnel is the key to the protection of children who are going to be adopted.

Since at common law the illegitimate child was the child of nobody, it has long been essential that there be adequate legislation for his protection. Although most states have legislation providing machinery for the establishment of paternity, the law very likely requires

²⁶ See Helen I. Clarke, *Social Legislation* for a more detailed discussion of the legal aspects of adoption. New York: D. Appleton-Century Co., 1940, Chapter XII.

a criminal or a quasi-criminal procedure. This should be modified so that either an informal admission before a designated official or a civil procedure may be available. Legislation is also needed to develop proper safeguards for the birth records of illegitimate children. With the increased use of birth certificates for many purposes, the illegitimate child, whether adopted or not, should have this protection. Several states have already provided for a simplified birth certificate which omits the conditions of birth and contains only factual data as to name, place, and date of birth.

Child Welfare Agencies. These organizations, in this connection defined to mean those concerned with seeing to it that children receive adequate care in their own homes or elsewhere, just like children's institutions, may be governmental or voluntary, religious or non-sectarian; they may be administered and controlled by a local, state, or national agency, either public or private. The number of local public child-welfare programs over the country has increased greatly since the passage of the Social Security Act which provides in Part 3 of Title V that federal grants-in-aid shall be made to the states to develop special services for the protection and care of homeless, dependent, neglected children, and children in danger of becoming delinquent in predominately rural areas and other areas of special need. On the federal level of government, this program is administered by the Children's Bureau, on the state level by departments of public welfare, and on the local level by county public welfare departments, sometimes integrated with the public-assistance program also federally-aided under the Social Security Act. The Children's-Bureau standards of personnel for the administration of these child-welfare programs on all three levels of government have been high, but the program has been hampered by a shortage of adequately equipped social workers. So serious is this problem that the Children's Bureau has encouraged the states to use some of their funds for educational leave of young and hopeful workers to attend graduate schools of social work.

The Children's Bureau is instrumental in furthering international collaboration on problems of children. The two most important agencies for inter-American collaboration are the Pan-American Child Congress and the American International Institute for the Protection of Children. The Pan-American Congresses have had a great influence on the formulation of standards and on the development of national services for children. Various units of UNRRA have rendered services to children. The child-care branch of the Welfare Di-

vision was set up for the obvious purpose of providing help to children. With the liquidation of UNRRA, the General Assembly of the United Nations has taken action to preserve at least some of that international organization's services. Perhaps the United Nations service which will most decidedly affect children is the International Children's Emergency Fund designed to provide assistance for the next unpredictable period to children in countries badly affected by the war. The Children's Bureau will have important functions to perform in relation to this program. Other agencies of the United Nations will directly or indirectly benefit children as the International Labor Organization, the International Refugee Organization, the World Health Organization. Innumerable voluntary organizations are already giving many types of assistance to children.

The most outstanding single national private organization in this field is the Child Welfare League of America which was organized in 1920 for the promotion of standards and methods of child care. It operates consultant services, conducts surveys and studies, sponsors regional conferences, leads seminars and institutes, and issues bulletins and pamphlets. Its membership of 450 organizations includes children's aid-societies, institutions and child-placing agencies, day nurseries, children's centers, and foster-day care services both governmental and voluntary.

CONCLUSION

A pamphlet entitled "The Road to Community Reorganization" published in 1945 by the Woman's Foundation contains an excellent statement of minimal educational, health, recreational, and welfare facilities and services required of every community to meet the basic needs of all of its people and especially of children. Since it affords a restatement of the discussion in this chapter and anticipates some of the proposals of ensuing chapters, it is included verbatim at this point.

1. Educational facilities of standard quality for children and adults organized in accordance with individual needs, interests, and capacities and closely related to the economic and social life of the community.
2. Family-counseling and adjustment services and provisions for insuring the economic security of the family.
3. Services and care for children in their own homes and provisions whereby substitute homes or institution care may be provided when necessary.

4. Mental-hygiene clinics for children and adults.
5. Adequate children's-court and detention facilities.
6. Provisions for the care of children of working mothers and adequate standards in child-labor laws and full enforcement of such laws.
7. Recreation facilities and leadership for children, youth, and adults.
8. Vocational-guidance service for children and youth and counseling for adults.
9. Employment services for youth and adults.
10. Provisions for adequate care, adjustment, and recreation for the aged.
11. A community health program designed to provide both preventive care and treatment for adults and children of all ages and economic status including hospitals and out-patient clinics.
12. Adequate and well-trained personnel in education, health, welfare, and recreation.

EXERCISES

1. Describe several methods of caring for children outside of their own homes.
2. What functions may social workers perform in relation to day-care-of-children programs?
3. Describe the program for crippled children under the Federal Social Security Act. Do the same for the other child welfare services provided for in the Act.
4. *a.* What is school social work?
b. Point out welfare functions performed by the school which may or may not be professional social work.
5. *a.* Describe the functions of two organizations for leisure-time activities of boys and girls.
b. Describe the functions of two youth service organizations.
6. What are some of the developments in the child-labor movement?
7. What are some of the resources which the community furnishes for protecting the health of children?
8. What is involved in a foster-home program for children of unmarried parents?
9. Describe a comprehensive program that every community should provide for children. Can you adapt it to your home community?

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Chapter XII

SERVICES AND RESOURCES FOR ECONOMIC SECURITY

INTRODUCTION

Religious Principles

Historic theories of reasons for poverty and methods of relieving it have left innumerable effects, many still extant. The teachings of Jesus Christ and economic pressures yield most of the principles underlying the development of the western world's methods of caring for the poor. Jesus over and over again praised poverty and denounced wealth. His test for the separation of the sheep from the goats was whether or not an individual willingly gave succor to someone in need.

But when the Son of man shall come in his glory, and all the angels with Him, then shall He sit on the throne of his glory and before Him shall be gathered all the nations; and He shall separate them one from another, as the shepherds separateth the sheep from the goats; and He shall set the sheep on his right hand, but the goats on the left. Then shall the King say unto them on his right hand, Come, Ye Blessed of my Father, inherit the kingdom prepared for you from the foundation of the world; for I was hungry, and ye gave me to eat; I was thirsty, and ye gave me drink; I was a stranger, and ye took me in; naked and ye clothed me; I was sick, and ye visited me; I was in prison, and ye came unto me. Then shall the righteous answer Him, saying, Lord, when saw we thee hungry and fed thee? or athirst, and gave thee drink? And when saw we thee a stranger, and took thee in? or naked, and clothed thee? And when saw we thee sick, or in prison, and came unto thee? And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye did it unto one of these, my brethren, even these least, ye did it unto me. (Matthew 25:31-41)

He urged that gifts be given quietly and without condescension.

Take heed that ye do not your righteousness before men, to be seen of them; else ye have no reward with your Father who is in heaven. When therefore thou doest alms, sound not a trumpet before thee, as the hypocrites do in the synagogues and in the streets, that they may have glory of men. Verily I say unto you, They have received their reward. But when thou doest alms, let not thy left hand know what thy right hand doeth; that thine

alms may be in secret, and thy Father who seeth in secret shall recompense thee. (Matthew 6:1-5)

His exhortations did not stop with mere counsel regarding personal responsibility for individual charity. He denounced hypocrites who conform on the Sabbath and deny their God the rest of the time.

Woe unto you, scribes and Pharisees, hypocrites! for ye compass sea and land to make one proselyte; and when he is become so, ye make him two-fold more a son of hell than yourselves. Woe unto you, scribes and Pharisees, hypocrites! for ye tithe mint and anise and cummin, and have left undone the weightier matters of the law, justice, and mercy, and faith; but these ye ought to have done, and not to have left the other undone. Ye blind guides, that strain out the gnat and swallow the camell! (Matthew 23:15, 23-24)

He cast out the money-changers from the temple because they prized money more than purity.

And Jesus entered into the temple of God, and cast out all them that sold and bought in the temple, and overthrew the tables of the money changers and the seats of them that sold the doves. And He saith unto them, It is written, My house shall be called a house of prayer, but ye make it a den of robbers. And the blind and the lame came to Him in the temple and he healed them. But when the chief priests and the scribes saw the wonderful things that he did, and the children that were crying in the temple and saying, Hosanna to the son of David, they were moved with indignation and said unto him, Hearest thou what these are saying? And Jesus saith unto them, Yea, did ye never read, Out of the mouth of babes and sucklings thou hast perfected praise? And he left them and went forth out of the city of Bethany and lodged there. (Matthew 21:12-18)

He blessed those who have the courage of their convictions and promised them the Kingdom of Heaven.

Blessed are they that have been persecuted for righteousness' sake for theirs is the kingdom of heaven. Blessed are ye when men shall reproach you, and persecute you, and say all manner of evil against you falsely, for my sake. Rejoice, and be exceeding glad for great is your reward in heaven; for so persecuted they the prophets that were before you. (Matthew 5:10-13)

Jesus Christ glorified poverty. To Him it was a test of fortitude. The fact of its existence placed an obligation upon those who had plenty of worldly goods to share with those who had none. Indigency and person-to-person charity went together. The poverty of which He approved, however, was voluntary. Persons enduring it because of principle merited reward from the Heavenly Father. He consistently condemned exploitation by individuals or by groups and praised those who resisted it.

It was inevitable in a world made up of saints and sinners that

Jesus' preachings should be garbled and poverty itself, regardless of cause, lauded in His name. This distorted concept of poverty tends on the one hand to encourage docility, gratitude, subservience from one group and, on the other hand, from another group dominance, condescension, superiority. For centuries many believed that it is the lot of most people to be poor and of a small number to be prosperous. Almost inevitably the latter segment of society convinces itself that its comforts are due to its own efforts while the miseries of the poor are the result of their own fault. Charitable acts by individuals and by organized resources are necessary and Christian, but there is no need to be concerned with the conditions which cause the suffering. This small and complacent group rationalizes its beliefs by saying, "It is God's inscrutable will."

Jesus' words have been so twisted that an undue emphasis has been put upon the values which poverty has upon character growth; an unreasonable and unjustifiable amount of praise has been given to those who share their excessive wealth; poverty has been considered inevitable and desirable. These perversions of meaning have influenced economic organization and have had pronounced effects upon methods of helping low-income groups.

Economic Principles

For many centuries after Christ, face-to-face charity, alms to the beggar, parish relief, assistance and care through monasteries and hospitals characterized relief to the poor. These methods were accepted as reasonably satisfactory for the care of the poor outside the feudal organization. With the breakdown of that system under which the lord of the manor had a responsibility for his tenants analogous to that of our southern masters to their slaves or to that still existing in many parts of the world, private benevolence and church resources were no longer adequate for the relief of the masses of dislocated persons.

Disasters like the Black Death and changing economic conditions brought such devastating results that the church could not recruit sufficient resources to stay the primary institution giving help to those in distress. Legislation imposing an obligation on the state to care for the needy had to be enacted. The early poor laws authorized the collection of voluntary contributions for relief of the poor and permitted begging under certain conditions as when the individual was old or lame or sick. These laws were repressive in that they

forbade migration of the poor and authorized severe punishment for those who wandered from their place of settlement without legal sanction. Such restrictions, of course, penalized alike those who wandered in search of work and those who pursued a life of idleness. Finally in the forty-third year of Elizabeth's reign, a law which integrated earlier piecemeal legislation was enacted. This famous law of 1601 established the obligation of the parish to provide through tax levies for the needy by the methods of home relief, work relief, apprenticeship, or institutional care. Legal settlement was defined and officials in the place of legal residence had the duty of providing for the needy.

The early American settlers brought with them the Christian belief that society can permit no human being to suffer for want of food and shelter. They also brought the restrictive and niggardly practices of the poor laws under which those who might become dependent upon a given locality could be "warned out" before they established legal settlement and those who must have help could be maintained at a sub-standard level. In succeeding centuries minor changes have been made in the poor laws in response to fluctuating economic conditions and shifts in social philosophy. Essentially, however, the principles and methods laid down in the 1601 statute have continued until very recently when there has been growing recognition of the fact that most poverty and distress are due to economic conditions rather than to personal fault and that repressive public-assistance measures are undesirable and unnecessary.

The economy of the time greatly affects relief methods. How diverse the methods and standards of assistance can be is illustrated by the extent of suffering permitted today in India or China and in the United States; or by what we Americans permitted a century ago and by what we tolerate today. One of the economic theories greatly affecting occidental economy was that of Malthus (1766-1834) who wrote that population when unchecked tends to double itself every twenty-five years, that the food supply increases in arithmetic instead of geometric ratio and that this justifies harsh treatment of the poor. Among the checks which tend to control the devastating effects of excess fertility are moral restraint or continence, vice, misery caused by war, disease, and *poverty*.

Malthus recognized that laws to care for the poor were enacted so as to remedy their distress, but it was his belief that although the poor laws might alleviate a little individual suffering, they spread other evils of much greater significance. He reasoned that if the law

gave supplies to one group of persons, the supply for all other groups would be correspondingly diminished, and thus marginal groups would in turn be brought under the poor laws. He and others had not yet worked out economic theories to dispose of such a vicious circle. Malthus recommended gradual abolition of the poor laws and leaving the care of the poor to voluntary charity. Apparently such a scheme would let the physically-inferior poor perish and force most of the rest to seek employment.

Another nineteenth-century theory and one which was responsible for much misery was that of *laissez-faire* or governmental hands-off. Its proponents advocated free enterprise and unrestricted competition since they believed such a system would produce most goods and most employment. If among the results were crushing monopolies and depressions, it was too bad since these defects were inherent in an otherwise reasonable and just system. Government was not to have any part in encouraging increase of production, in regulating wage scales and conditions of employment, in equalizing the supply of goods with the demand for them, or in mitigating the evils of a competitive society.

This theory contributed to Malthus' thinking. If nothing could or should be done by government to expand the supply of needed goods for an increasing population and to make possible the purchase of these goods through higher wage scales, there was *some* validity in his contention that the poor laws increased suffering.

Malthus' theories, in turn, played a part in the formulation of Darwin's doctrines of natural selection and survival of the fittest. Darwin (1809-1882) generalized Malthus' theory of man's excess fertility and pointed out that the same is true of all living species. Since the members of each species naturally multiply in excess of the food supply, nature provides methods for reduction of numbers. Those members of the species which do survive are best fitted to survive. If the environment is harsh and cruel, then the fittest to survive will be the strongest physically. If the environment is coöperative, then the fittest to survive will be those who coöperate best. He put great emphasis upon the tooth and fang struggle for existence but pointed out that modifying influences are at work.¹ Darwin's doctrines are biological but they were eagerly snapped up by the propertied classes for justification of a hands-off policy toward the needy.

¹ Emory S. Bogardus, *A History of Social Thought*, Los Angeles: University of Southern California Press, 1922. See Chapter XVI, "Spencer and Organic Social Thought" for a succinct statement of Darwin's contribution to social theory.

Aspects of Darwin's laws have been distorted to justify the most brutal and cruel behavior by shrewd and sadistic persons. Adolph Hitler believed in Germanic racial superiority. He built an immense military organization so as to grab *Lebensraum* for an expanding population. He developed the environment which he thought would be conducive to the survival of the fittest—the German people—and the elimination of “inferior” races and groups. Unfortunately for him, the peoples whom he attacked did not believe themselves inferior and so they resisted conquest and enslavement. An unscientific belief in “racism” and the identification of superiority with military triumph had much to do with World War II and the death of millions of people.

Despite the discouraging effects upon personal hopes and faith of two world wars and a colossal depression in twenty-five years, there are encouraging developments in social philosophy, in social planning, and in social administration. The New-Deal legislation of the 1930's derives from theories entirely different from those prevalent in the nineteenth century. Instead of being constructed on a “hands-off-and-let-the-chips-fall-where-they-may” policy, this legislation is built on the theory that the state has a responsibility for the general welfare of all its citizens and not just of the privileged few. Because we, the people, believe in the value of the human personality and in the general welfare, we favor governmental interference to the extent necessary to achieve individual and general security. This is the principle of the social-service state which is in harmony with the functions of social workers.

RESOURCES FOR SOCIO-ECONOMIC SECURITY

Today there are several methods of assuring some measure of economic security to those with insufficient incomes, namely:

1. General public assistance.
2. Institutional care for special classes of persons such as children, the aged, the sick including the tuberculous, feeble-minded, and mentally ill.
3. Special measures for designated classes of individuals such as the aged, the blind, and the dependent child.
4. Relief dispensation by private agencies.
5. Special public and private services—child welfare agencies, legal-aid societies, visiting nurse services, day-care and day-nursery programs, clinical and hospital services.
6. Social insurances.

7. Legislation sympathetic to labor.
8. Full employment.

Innumerable public and private resources carry on these services. Let us see what some of them are and upon what principles they operate.

General Public Assistance. Every American state has poor or pauper relief legislation deriving from the Elizabethan Statute of 1601. The principles of three centuries ago, with variations between states, are current. They are:

1. Obligation of the state to provide for those in need. Every community under authorization from the state legislature furnishes some measure of public support to the destitute, either in their own homes or in institutions. In many states the laws impose penalties upon the recipients of relief, such as denial of the right to migrate or to vote. This is done on the theory that each man is responsible for his own conditions, and that if he is pampered he will either stay on relief or try to get on relief.

It is almost as true today as it was in Elizabeth's time that general public-assistance laws are administered by the smallest unit of local government, town or county, generally without state aid or state supervision, and that restrictions of one kind or another are imposed upon some classes of the poor.

2. Definition of *legal settlement* for relief purposes. Since the locality does not wish to assume responsibility for outsiders, the requirement of legal settlement before local relief can be dispensed and "warning-out" before those thought likely to become public charges can establish residence are widespread practices. Settlement laws are still in force despite efforts of social workers either to obtain uniform settlement laws as between states or to abandon them entirely.

3. Imposition of financial responsibility upon designated relatives such as father, grandfather, mother, grandmother, and the children of every poor, old, blind, lame, and impotent person if of sufficient ability. This provision prevails although numbers of persons believe that legal compulsion for family support is a poor way to encourage family cohesion. Officials in many communities refuse to enforce these sections of the old laws. In time the statutes will be modified to catch up with practice.

4. Provisions for home relief of the old, the blind, the lame and sick, and any unable to work, for work relief of the employables, and for institutions variously designated as almshouses, poor farms, and county homes for those needing custodial care.

Care in the home often paradoxically called out-door relief may be given under good administrative facilities and with adequate standards of relief or it may not—perhaps more often it is not. Work relief of the "wood-pile" or "leaf-raking" type has long been carried on but extensive and useful work-for-relief of the kind stimulated by federal and state agencies during the depression of the '30's is a new development.

In some localities almshouse care is the only type of public assistance

available; in others it supplements the general-relief program. With a rapid increase in the numbers of the aged, sheltered care becomes an increasingly-needed resource. Many communities are attempting to determine the best methods of caring for both the ambulatory and bedridden aged. Old-age assistance, institutional care with hospital facilities, boarding homes, old-age and survivor's insurance, are all indicated.

5. Administration by local officials who in the old days were overseers of the poor and who were appointed from among church wardens and householders by justices of the peace. Generally speaking, administration is still by locally elected officials as town chairmen or county board members. These officials carry titles as poor relief commissioner, poor-law administrator, etc. Some states provide for local departments of welfare with personnel selected for their ability in this field rather than because of their political connections.

These principles are too familiar to the present-day student to need elaboration. Although there are many variations as between states in the general relief laws, some modernized to define "adequate" relief, to provide state relief for the unsettled poor, to furnish state monies for local programs, or to set up departments of welfare, the sixteenth and seventeenth-century principles are still with us. Not only are they here in the surviving general-assistance laws, but they are even with us in the newer public-assistance legislation for the relief of special groups of persons. Although some states have improved their general relief laws, it will not be until the federal government provides grants-in-aid to the states and imposes minimum standards of eligibility and administration that many aspects of the old poor laws will be eliminated.

Institutional Care. Since the Elizabethan-derived poor laws were inadequate to care decently for the needy, either in their own homes or in almshouses, the states slowly built special institutions for special groups of persons. Children, the chronically or acutely ill, the infirm, the mentally ill, the feeble-minded, who had been dumped into mixed almshouses alongside the alcoholic, the lazy, the criminal, and the degenerate were removed to new facilities. Multiplication of institutional resources, each with its own lay managerial group meant competition for public funds and for adequate services, with the resultant need for planning, coördinating and directing these services on the state level of government. As a result, state boards of charities, now known as state departments of public welfare, were created by legislative enactment. This movement began in Massachusetts in 1863. These boards and departments formulate institutional budgets, establish standards of care, and supervise or administer programs.

The federal government had no place in this evolution until the depression of the '30's. The resolution embodying Dorothea Dix's efforts to obtain federal land-grants for the states for the care of the insane was vetoed by President Pierce in 1854. He found his authority for refusing to make the federal government the great almoner of public charity in the Constitution. "No one of the enumerated powers touches the subject or has even a remote analogy to it. The powers conferred upon the United States have reference to federal relations, or to the means of accomplishing or executing the things of federal relation. So also, of the same character are the powers taken away from the states by enumeration. In either case the powers granted and the powers restricted were so granted or so restricted only where it was requisite for the maintenance of peace and harmony between the states, or for the purpose of protecting their common interests, and defending their common sovereignty, against aggression from abroad or insurrection at home."² For many years, as a result of this veto, the federal government provided care for the poor only if they were federal wards or veterans.

Special Public Assistance Measures. Although institutions under state supervision and control improved the standards of care for many people who would otherwise have been dumped into almshouses, the poor who needed help but not in institutions were still the victims of antiquated relief laws. Resistance to the inadequacies of general public-assistance laws brought about the enactment of state legislation for special groups of the poor. These groups, the aged, the blind, and dependent children, were given advantages over the poor provided for through the old laws although the new legislation was based upon some of the old principles.

Generally speaking, and on the credit side of the ledger, administration was by the county rather than by the town, often by the county or juvenile judge. Local funds were augmented by state funds which meant that the state required minimum standards for the localities. State grants-in-aid to the counties in turn made possible higher grants to the applicants than to those receiving pauper or poor relief. On the deficit side were provisions for legal settlement, for imposition of financial responsibility upon relatives, for maximum grants, for restrictive provisions prohibiting grants to those whose standards the legislators disapproved.

²Sophonisha Breckinridge, "President Pierce's veto of Miss Dix's Bill," *Documents for Public Welfare Administration*, Chicago: University of Chicago Press, 1938, pp. 221-231.

This type of legislation advantaged those groups eligible to receive special assistance as compared with those who were compelled to ask for help under the old poor laws. The odor of pauper-relief was not so strong! However, it was not until the enactment in 1935 of the Federal Social Security Act, which provides grants-in-aid to the states for these three forms of public assistance, that the country moved in the direction of a national minimum standard of living, at least for some groups of persons.

Assistance for special groups and general relief continued side by side until the depression of the '30's. Then the volume of unemployment so mounted that locally-financed general assistance and private relief were wholly inadequate to care for the millions of unemployed. Municipalities struggled unaided until 1932 when the first federal funds were made available as loans to the states. In 1933 the Federal Emergency Relief Act providing for grants to the states for unemployment relief was passed and there was an end to the federal policy of hands-off laid down by President Pierce. No longer was the federal government to stay out of the welfare picture. Constitutional provisions imposing upon the federal government a responsibility for the general welfare and for levying taxes were reinterpreted to include the duty of providing funds for those affected by a nation-wide condition. The Federal Emergency Relief Administration, the Work Projects Administration, the National Youth Administration, the Surplus Commodities Agency, were all specially created to provide assistance to those enduring distress caused by unemployment.

The New Deal not only relieved suffering produced by temporary economic conditions, but it set up a permanent program through the Social Security Act which provides grants-in-aid to the state for special public-assistance programs, for several social services and, most important, for two forms of social insurance.

In the field of public assistance the Social Security Act and the 1939 and 1946 amendments establish certain requirements that must be met by the states before their public-assistance plans for old age assistance, aid to the blind, and aid to dependent children can be approved by the Social Security Board and before federal grants-in-aid can be made. Among these requirements are the designation of a single state agency to administer or supervise the plan, the operation of the programs throughout the entire state, the opportunity for a fair hearing of complainants before a state agency, the provision of such methods of administration, including personnel standards on a merit basis, as are found by the Social Security Board to be necessary

for proper and efficient operation of the plan. All these requirements indicate the acceptance of principles quite different from those of Elizabethan-derived legislation.

The law as modified by the 1946 amendment provides that the federal government shall reimburse the aged over sixty-five and the blind for two-thirds of the first \$15 of monthly payments and one-half the remainder up to an overall federal maximum share of \$25. For aid to dependent children, the federal government shall reimburse the states two-thirds of the first \$9 for the first child in the family and one-half the balance up to an overall maximum of \$13.50 for the first child and \$9 for each additional child. In effect this means that the federal government reimburses the states up to \$45 a month for the aged and blind and up to \$24 for the first child and \$15 for other children under the ADC program.

An approved state plan for old-age assistance may not impose an age requirement of more than sixty-five, a residence requirement of more than five years' state residence within the preceding nine years and one year's continuous residence immediately prior to the application, or a citizenship requirement which excludes any citizen of the United States. The limitations on residence and citizenship requirements for the blind are the same as for the aged. Numbers of states do not require these two classes of persons to be citizens nor impose residence requirements as strict as those of the federal act.

The dependent child in the aid-to-dependent-children program is defined by the act to be a needy child under the age of sixteen, or under the age of eighteen, if in school, who has been deprived of parental support or care by reason of the death, continued absence from the home, or physical or mental incapacity of a parent, and who is living with his father, mother, grandfather, grandmother, brother, sister, stepfather, stepmother, stepbrother, stepsister, uncle, or aunt, in a place of residence maintained by one or more of such relatives as his or their own home. It is the intent of this program to keep children in their homes or in those of relatives and to make it unnecessary for mothers to work.

The appeal procedure required by the Social Security Act guarantees the *right* to assistance assuming eligibility. General relief statutes impose an obligation upon public officials to relieve distress but they do not yet recognize the *right* of the distressed individual to relief and so do not provide an appeal procedure. It is only a matter of time before all public assistance legislation incorporates this theory.

Relief by Private Agencies. It was true even before the depression of the 1930's, that much more money was expended by public agencies for the care of the poor than by private agencies. The tax-paying public, however, did not realize this. It thought that private welfare agencies bore a large percentage of the burden because annually community chests solicited contributions for social-welfare agencies. How much of the tax funds went for relief, the tax-paying public did not know, and neither did public officials. In the early '30's many communities tried to care for the increasing volume of distress with local private and public funds. President Hoover urged localities to do more and more for the unemployed, but neither local private nor local public funds, nor both added together, were adequate to deal with the problem. For the first time Americans realized that economic unemployment presents a national problem, that care of the distressed must not be left to the uncertainties of local private charity and local public assistance and that public funds, local, state, and national, must be pooled if need is to be met. It was during this period that the dispensation of relief as a primary function was abolished by many private agencies. The directive of Mr. Harry Hopkins, the first Federal Relief Administrator, that federal funds be expended by public and not by private agencies did much to encourage this move.

Although it is true that many kinds of private organizations such as family service agencies, children's organizations, lodges and service clubs, religious and neighborhood groups in total give large amounts of relief, the principle is generally accepted today that public agencies will pay for the relief of people needing continuous care and who comply with statutory eligibility requirements, that private family service agencies will give counseling services on personal problems as their primary function, and that relief given by other private groups will be relatively minor. When private agencies do give financial help, it is presumably to provide for items which, for one reason or another, public agencies cannot supply or to provide for persons ineligible for public assistance. This is a distinctly different practice from the period of the early charity organization society movement, when it was expected that charity organizations would give adequate care to the "worthy" poor and public agencies would give niggardly care to the "unworthy" poor.

Special Services. Innumerable public and private agencies provide special services. Health services for tuberculosis, venereal disease,

cancer, heart, and baby diseases, are furnished by many communities, sometimes as separate services, sometimes jointly with other services, sometimes with public and often with private funds. In Chapter XI we saw that many agencies exist to give special services to children as, for example, nursery care, vocational and education counseling, foster-home and institutional care. The same is true for other classifications of persons such as the delinquent, the mentally ill, the maladjusted, racial and religious groups, etc. It is obvious that, if free or low-cost services are furnished, individual or family costs for certain items are reduced or eliminated and further, that services are available to those who otherwise could not afford them.

The Social Security Act does much to improve the quantity and quality of several social-service programs as distinguished from public-assistance programs which, of course, are also social services. Title V of the act provides for grants to the states for maternal and child-welfare services which include maternal and child health services, services for crippled children, and child-welfare services. On the federal level of government, these three services are administered by the Children's Bureau. The act authorizes grants-in-aid to the states which operate under an approved plan. On the state level of government, these programs are administered by departments of health, welfare, or education, and the same is true on the local level.

The promotion of the health of mothers and children, especially in rural areas, is the purpose of one aspect of the program and is undoubtedly largely responsible for the recent reduction in death rates among mothers and children. Services for crippled children, again particularly in rural areas, include locating them and providing medical, surgical, corrective, and care facilities. The child-welfare section of the Social Security Act enables states to develop or expand programs, especially in rural areas, for the protection and care of homeless, dependent, and neglected children, and children in danger of becoming delinquent. The first of these three programs is essentially an educational and medical-care program. The second utilizes both medical and social-work skills, and the third is distinctly a social-work program.

Title V of the Social Security Act also recognizes that vocational rehabilitation of physically disabled persons is part of a program of social security, so it extends and makes permanent services earlier created by Congress. It authorizes grants to the states for salaries and traveling expenses of directors, supervisors, caseworkers, field agents, and clerical staff, for tuition, instructional supplies, artificial appli-

ances, travel, and medical and other examinations of trainees. Federal funds cannot be used for physical restoration, for long maintenance during training, nor for administrative equipment.

Title VI of the act provides for grants to the states for establishing and maintaining adequate public health services and for the training of personnel for local and state health work. It allocates a sum to the United States Public Health Service for investigating disease and problems of sanitation and for the salaries of personnel engaged in such investigations. Committees advisory to President Roosevelt's Committee on Economic Security which drafted the Social Security Act, could not reach agreement on more far-reaching health and medical provisions of the disability and health insurance type.

The Social Insurances. When Congress enacted the Social Security Act, it recognized that causes of poverty are not primarily personal or local but economic and national. More significant than the public-assistance and social-service sections of the act are the provisions for two forms of social insurance, unemployment and old-age and survivor's insurance.

Social insurance has been described by Arthur Altmeyer, Chairman of the Social Security Board, as "any system of insurance operated or induced by government action to provide protection against economic risks which are so serious in their effects as to be considered of social importance. Usually the government operates a system, but sometimes it merely induces its establishment by imposing sanctions or providing subsidies, the actual insurance protection being provided sometimes by private insurance companies and sometimes by organized groups as mutual non-profit organizations. Social insurance is usually financed through contributions (sometimes called premiums) paid either by or on behalf of the persons receiving the benefits."²

The first social-insurance system introduced into this country was workmen's-compensation which provides benefits in case of work-connected accidents, sometimes in case of occupational diseases. The first effective workmen's-compensation law enacted in 1908 was the United States Employees' Compensation Act, covering employees of the United States Government. Today, all states but Mississippi have workmen's-compensation laws which are generally administered by industrial boards or commissions. Workmen's compensation has developed as a state and not a federal movement. The Social Security Act provides the first nation-wide compulsory-insurance schemes. The

² Arthur Altmeyer, "Social Insurance," 1945 *Social Work Year Book*, pp. 436-441.

unemployment-compensation sections of the act set up a federal-state program. In effect the program is mandatory upon every state because of the penalizing tax provisions upon employers if the state does not accept the plans. Old-age and survivor's insurance is a federal mandatory program.

Several features of American social-insurance schemes are distinct from those of foreign systems. In this country the schemes are financed out of employer or employer-employee contributions with no contributions except for administrative purposes from taxation. Contributions and cash benefits are calculated on a percentage of past wages instead of being fixed amounts regardless of wages as is true in foreign insurance programs. The contribution rates of American employers are relatively low as compared with those of other systems since not so many risks are insured. As other risks are added, for example, greater coverage under the two present schemes and the addition of disability and health insurance, contribution rates will increase.

The Social Security Board ⁴ recommends that employers and employees contribute equally to the cost of a comprehensive social-insurance scheme and believes there is justification for government contribution out of general taxation since by so doing there would be a reduction in the burden of financing public assistance. It points out that there is inadequate coverage under both forms of existing insurance schemes. Weekly benefits and duration of benefits are inadequate. The board favors raising the benefits under the old-age and survivor's insurance program both for the aged and their dependents and for survivors.

The greatest inadequacy of our present social-insurance system, according to the board, is failure to provide protection against the economic hazards of ill health, a subject which will be discussed in

⁴ Since this chapter was written the Social Security Board has been abolished and the Federal Security Agency reorganized. Many people believe this is a precursor to the establishment with Congressional action of a federal department of health, education and welfare. On July 16, 1946, on the basis of the reorganization plan recommended by President Truman and approved by Congress, the Federal Security Agency was reconstituted under four main operating branches and six staff offices. The Social Security Board was replaced by one of the four main operating branches, the Social Security Administration with Arthur J. Altmeyer, who served as the Social Security Board Chairman from 1937, as Commissioner for Social Security. The Children's Bureau, transferred from the Department of Labor, becomes a part of this office with Katharine Lennoot remaining its chief. The other three branches are Office of Education, Public Health Service, Office of Social Services.

Chapter XIV. There is need for disability-insurance which compensates in part for loss of income during disability and for health insurance which provides protection against the costs of medical and hospital care. The board recommends Congressional action on these two forms of insurance. In fact, as we said above, the board favors a comprehensive system of social insurance to provide protection against all common economic hazards "from the cradle to the grave." The hazards covered would be those arising out of ill health, death, old age, unemployment.

The Social Security Board takes seriously its function of continuously reviewing and analyzing social-security programs and problems. Its published studies and reports point the direction in which it hopes Congress will move. It appreciates the fact that the social insurances at their best will not meet all the financial needs of all of the people and that there must be a public assistance program which will take up the slack from these other more comprehensive and preventive programs. It favors modifying the public-assistance provisions of the Social Security Act to permit grants-in-aid to the states for assistance to anyone in need, regardless of age, condition, citizenship, or settlement. This can be done by abolishing all distinctions between classes of persons such as the aged, blind, the dependent child, and the general poor, or by setting up a fourth, classification of persons—all those not included under the three existing systems. The board urges that the law be changed so as to remove the great disparities which now exist in the treatment of various classes of needy persons and of persons who are in like circumstances but who live in different parts of the country. Further, it favors removing serious inequalities in the relative financial burdens borne by states through a scheme to vary the amounts of federal grants-in-aid.⁵

Labor Legislation. The Social Security Act and other legislation enacted during the depression decade of the '30's did much to assure low-income groups that their government was interested in them. For example, the Wagner-Peyser Act of 1933 established a system of employment offices based on federal-state cooperation; the National Labor Relations Act of 1935 gave employees the right of self-

⁵ Arthur J. Altmeyer, "Social Insurance," 1945 *Social Work Year Book*, pp. 436-441; Annual Reports, United States Social Security Board; Social-Security Bulletins, Monthly; *Social Security Year Book*; Robert F. Wagner, "Summary of Wagner-Murray-Dingell Bill as presented in Senate" *Congressional Record*, June 3, 1943, pp. 5238-5262; United States National Resources Planning Board, *Security, Work and Relief Policies*, Report of Committee on Long-Range Work and Relief Policies, 1942.

organization and the right to bargain collectively; the Fair Labor Standards Act of 1938 established maximum hours of labor and minimum rates of pay for those employed in interstate commerce.

During the war period almost no laws were passed which were intended to assure *permanent* economic security. All legislation was related to the war effort. It was designed to increase war production and to encourage high morale. This latter was in part accomplished by the passage of laws providing for assistance and service programs for enlisted men and their families. Congress enacted legislation which gave special medical benefits to the wives and children of servicemen and so augmented their pay. It increased the size of governmental allowances to their families and of compensation payment for injury and death. The Servicemen's Readjustment Act of 1944, intimately termed The GI Bill of Rights, includes special provisions for unemployment compensation, educational benefits, and loans, all administered by the Veteran's Administration. In 1946 legislation, Congress provided survivor's insurance protection to the families of veterans who die within three years of discharge with virtually the same benefit rights they would have enjoyed had the veteran died fully insured under OASI.

The Social Security Board in its tenth Annual Report (1945) reiterates what was so often said by exponents of New-Deal legislation during the tensions of the '30's. "A social-security program is not in itself sufficient to abolish all fear of economic insecurity or to assure prosperity and a decent standard of living for all our people. The achievements of freedom from want and freedom from fear will depend in large measure on our ability to maintain a high and stable level of employment and national income. An important responsibility of government will be the adoption of policies which will promote continuing full employment and stimulate the economy of the country to provide a level of production consistent with our national resources."

Full Employment. With a view to helping in the accomplishment of this end, the Seventy-Ninth Congress conducted hearings on full-employment measures. The best it was able to accomplish, however, was the passage of a maximum-employment bill. In signing The Employment Act of 1946 President Truman declared that it "gives expression to a deep-seated desire for a conscious and positive attack on the ever-recurring problems of mass unemployment and ruinous depression."

The act does not set up resources to effectuate the policy of pro-

viding jobs when jobs are needed. It merely places on the president the duty of transmitting to Congress annually an economic report in which he shall include a review of economic conditions and his program for accomplishing employment. It sets up in the executive office of the president a council of economic advisers to assist him in preparing the report and it establishes a joint congressional committee to analyze the report and to help coordinate the diverse activities of the several committees of Congress in relation to the report.

Our government has by no means adopted policies which will guarantee full employment and which will provide a level of production commensurate with our resources. There is, however, far greater knowledge about how to achieve such policies than there was in Malthus' day and certainly no considerable number of people favors repeal of legislation which assures some measure of economic security to our millions of low-income groups.

CONCLUSION

The United States has moved far since 1930 in its recognition, first, of the rights of all persons to economic security and, second, of the obligation of government to provide resources which will guarantee this right. In the depression period of the '30's, Congress for the first time recognized a federal responsibility to people with financial need. It provided:

1. To the unemployed, billions of dollars for various assistance and work programs;
2. To persons who had needs not caused by industrial unemployment, permanent programs of public assistance;
3. To millions of wage earners, two forms of social insurance and some significant acts concerned with labor's rights.

In the war period of the '40's, Congress enacted the world's most generous provisions for its servicemen, including numbers of special programs for the benefit of their dependents. The GI Bill of Rights and other laws attempt, in some measure, to compensate our fighting men for their sacrifices. It remains in the post-war period for Congress to push forward several programs of action:

1. To revise and improve legislation affecting the veteran and his dependents;
2. To revise and extend the Social Security Act along the lines recommended by the Social Security Board;
3. To protect the American people against unemployment and economic insecurity by encouraging a high level of production.

In this chapter we have attempted, first, to show the development of several theories concerning poverty and financial insecurity and, second, to present types of services extended to alleviate and prevent financial distress. Many agencies, public and private, sectarian and non-sectarian, federal and local, social work and non-social work, exist to help in the reduction of suffering caused by unemployment from whatever cause. Many skills other than those of the social worker are used to effectuate these programs. The economist, the lawyer, the doctor, the financial expert, the politician, the analyst of social data, the social worker, all contribute to the planning and executing of these services.

The significance of the contributions of social workers to some of these programs is recognized, if not fully appreciated. It is taken for granted that case workers and welfare-trained administrators are indispensable to relief programs, although the tax-paying public does not demand the same qualifications of workers in public welfare agencies as in private welfare organizations. It is also assumed that social workers are essential to carrying on various of the social-service programs of the type provided by the Social Security Act and by those private agencies carrying on similar functions. It is not contemplated that social workers be used to any extent in the social-insurance and government labor programs. It seems clear to us, however, that there are places in these programs for the training, skills, and points of view of social workers. Further, every social worker needs to know about activities in these related fields of practice, and conversely employees in these related fields need to understand more about the performance of social workers.

Economists, social insurance experts, social workers, and many others are all concerned with the issue: "How can the United States develop a universal, comprehensive, and coördinated system of social security that will relieve or prevent want at a cost which the nation can afford, without seriously interfering with the American way of life?"⁶ Important as are relief and social-insurance measures, it needs constantly to be reiterated that they are basically protective devices. In the language of the writer just quoted, Lewis Meriam, "They are not fundamentally positive devices to increase employment and efficiency in the production of desired goods and services. It is upon the maintenance and improvement of productive efficiency that real social security rests, for in the last analysis the productive workers of

⁶ Lewis Meriam, *Relief and Social Security*, Washington, D.C.: The Brookings Institution, 1946, p. 2.

each generation must supply the goods and services to maintain the dependent of that generation." ⁷

It behooves social workers because of the nature of their work to maintain a long-range view of basic socio-economic problems.

EXERCISES

1. Describe Jesus Christ's philosophy of charity.
2. Discuss some of the distortions of Jesus' ideas of charity.
3. What economic and biological doctrines have affected public relief?
4. Discuss each of the eight methods of assuring socio-economic security described in the text.
5. What principles of Elizabethan poor-relief legislation are still extant in general public-assistance laws; in the special assistance provisions of the Social Security Act?
6. Compare relief policies of private family agencies today and in the period of the early Charity Organization Society movement.
7. Summarize developments in the assumption of federal responsibility for economic security of individuals during the depression of the 1930's; during World War II.
8. Distinguish between the principles of public assistance and social insurance.
9. Look up the provisions of the Wagner-Murray-Dingell bill (Social Security Amendment Act, S. 1050, H.R. 3293) and the Forand bill (Public Welfare Act, H.R. 5686) both of the 79th Congress.

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- ⁷ Meriam, *ibid.*, p. 4.

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Chapter XIII

SERVICES AND AGENCIES FOR JUVENILE AND ADULT OFFENDERS

INTRODUCTION

Theories of Criminology and Penology

Theories concerning the causes of criminal behavior and the purposes and methods of punishment vary with the culture. Whatever is current thought, including religious beliefs, prevailing philosophies, and scientific knowledge determines how a society explains unacceptable behavior and what it does to and with those who deviate.

All of us in varying degrees and for many reasons are interested in criminal behavior and criminals. We wonder what the person is like and what prompted his action. We ask ourselves what actually did he do? Did he plan to do it? Why did he do it? Did he like doing it? How did he feel about it after it was done? We may identify ourselves with the injured person and wonder what we would have done under the circumstances. Or we may identify ourselves with the criminal and unconsciously wish we had his courage and ingenuity. Or we may be less interested in the criminal himself and more in the possibilities of an epidemic of crime and in its effect upon the community.

Assuming that everybody has an interest in crime which may be idle or morbid curiosity or social concern, how may we explain it? Today if we are sociologists we believe that crime is a natural phenomenon, that it is the result of the interaction of person and environment. The sociologist tells us that there are great differences between individuals at birth; that there are limits to the potentialities of every individual; that the way in which any individual responds to his environment is affected by his biological organization. He goes further and explains, that if there is emotional rejection in the family group, if poverty and discomfort are a part of daily life, if the area of residence is one in which crime is easy to "get away with," if the natural associates are criminals, if the social organization is dis-

rupted, an individual may react with criminal behavior. Whether an individual becomes a delinquent, a creative genius, or a conforming average citizen depends upon the interplay of the biological organism and the social environment. The sociologist, then, seeks explanation of criminal acts in the life history of the individual.

The fact of the matter is that most people are not sociologists, so they explain delinquent behavior in non-scientific terms. They may think it is due to supernatural forces. Then they say with fear and trembling, "The gods are angry"—"God is punishing the sinner"—"The devil's in him." Or they may believe in individual responsibility and free will. Then they condemn the criminal with, "He made his own bed—now let him lie in it." Or they may be of the opinion that physical causes are responsible and sentimentally forgive saying: "He's made that way, poor fellow, he can't help himself." At different times throughout history we have had variations of these four fundamental theories of cause—sociological, supernatural and religious, individual choice, and physiological causes.

Theories and methods of punishment go along with theories of causation of crime. Today if we are scientific penologists, our theory of treatment of the criminal derives from our concepts of purpose. Gillin in his *Criminology and Penology* tells us, that in the course of history, there have been five basic theories of purpose. The first is retaliation or retribution. In primitive societies the eye-for-an-eye, a tooth-for-a-tooth, the do-as-you-have-been-done-by purpose predominates. Perhaps most of us have an instantaneous retaliatory reaction when some particularly atrocious crime has been committed. If something harmful is done to us, we want to fight back. If it is done to the other fellow, we want him to fight back, and we know how we would do it. We say "That fiend should be strung up"; or "Death is too good for him"; or "I'd like to get my hands on him." Retribution, according to Gillin, describes what an individual or his kin or his group does to avenge an injury to a person or a group. This has been called blood vengeance, and the duel and lynchings are survivals. With the growth in power of the state, this method disappears—at least it loses social and legal sanction.¹

Nor are modern penal systems built on the second historical theory, that of expiation which generally went along with retaliation and retribution. Under this theory the criminal could be eliminated, tortured, or punished by curses, magic, and incantations as a means

¹ J. L. Gillin, *Criminology and Penology*, New York: D. Appleton-Century Company, Inc., Third Edition, 1945, p. 335.

of appeasing supernatural beings who might otherwise wreak their vengeance on the entire group. The purpose behind the punishment was religious—in fact punishment might take on the characteristics of a religious ceremony. Some of our present-day religions make use of the theory of penance—atonement for individual sins against God—but the state does not incorporate this theory into its penological methods.

Modern penology is built on the three theories of deterrence, reformation, protection of society, theories which are by no means mutually exclusive. The state deters criminals from further harmful acts because it wants to protect itself, and for the same reason attempts to reform the criminal. Each of these theories has had its day in the development of penological methods. All are in existence today.

Not very long ago if the purpose of punishment was to deter, the thief might have his hands cut off, the slanderer his tongue cut out, the adulterer be branded, the murderer guillotined or hanged. At least he was presumed to be deterred from committing the same act over again. Unfortunately, the application of this theory gives no assurance that some other act will not be committed by the same individual nor does it, as a matter of fact, deter other individuals from perpetrating the same or other crimes. Since punishment does not in and of itself deter the criminal from future criminal acts, the state looks further for methods of protecting its citizens. In time it systematizes a theory of reformation and builds industrial schools and reformatories, carries on probation and parole activities, and initiates institutional education, recreation, and employment.

In other words, we come to think of the individual delinquent as a sick person; we attempt to diagnose why he did what he did and to predict the likelihood of his cure in terms of the cause of the difficulties and the resources available for treatment. Unfortunately the amount of recidivism indicates that reformation is achieved in a small proportion of criminals—the theory of reformation is too often misapplied or unapplied.

Punishment applied under the theory of deterrence of further criminal acts by the criminal often only temporarily deters. Punishment applied under the theory of reformation has thus far accomplished only a small percentage of cures. Punishment applied under a theory of deterring others is only partially successful, too. So what can be done? Two things are possible. One is to improve the methods of putting into effect existing theories. It is still overwhelmingly true that we do not apply what we know about rehabilitating people.

The other is to invent and apply another theory. The fifth theory, protection of society, is not really a new theory since it is implicit in the theories of deterrence and reformation. It is new only in the sense that penologists systematically emphasize two points. One, the state could if it wished, apply all available scientific knowledge to the treatment of persons who are already criminal, rehabilitating them for return to the community when that is possible, permanently isolating them if that is necessary. Two, the state could if it wished do very much to prevent crime through the provision of decent wages, wholesome recreation, adequate housing, diverse educational facilities, etc.

The three purposes of punishment, deterrence, reformation, and protection of society overlap. Each is a good purpose but we have a long way to go before any or all of them are accomplished. For example, the social worker often sees a modern juvenile court sending delinquent or neglected children to institutions which are medieval in their equipment and policy. The social worker and the criminologist are both interested in crime and crime prevention. In fact, the skills of the social worker are indispensable if sound treatment of the individual delinquent is to occur and if comprehensive community programs for prevention are to be followed out. The social worker, in contrast to the criminologist whose function it is to study all aspects of crime and its treatment, is primarily interested in the prevention of delinquency and the treatment of offenders, particularly of juvenile offenders. The obvious inference is that there will be less need of extensive services for adult criminals if children are kept from becoming delinquent. Consequently, in this chapter we shall lay greater emphasis upon the resources for helping children who present delinquent-behavior problems than upon services for adult criminals. For this latter group we shall limit our discussion to a brief statement of methods and resources.

SERVICES AND AGENCIES FOR JUVENILE DELINQUENTS

Public Relations. Every reader of newspapers or magazines during the war read such headlines as:

Youth in the Toils

Boy Gets Twelve Years for Slaying Man

FBI Reports Rise of Fifty Per Cent in Juvenile Crime

Delinquency Rise Pictured at Forum: Mrs. Roosevelt Hostess to Conference on Wartime Problems of Youth

Juvenile Delinquency Rise Laid to War Pay

Juvenile Delinquency in City Laid to Bad Housing
Mothers in War Jobs Create Juvenile Delinquency Problems
Ten Agencies Join to Help Juveniles
Teachers Appeal to Police to Curb Unruly Pupils
Officials Suggest Spanking and Public Apology
'Teen-Towns' Curb Wayward Youth
New Youth Court Opens
Police Widen Aid to City Youth

Headlines like these, some sensational and some not, continue into the post-war period. Alongside the dubious zeal of scaremongers are the scientific efforts of students of social conditions, social workers and others, to do something constructive about *the problem*. This requires the arousal of intelligent interest, the discovery of the causes and extent of delinquency, knowledge of resources for dealing with delinquents and of gaps in community resources.

An example of the effort to arouse informed public concern occurred in February, 1946, when millions of listeners to the Town Hall Meeting of the Air heard a priest, a journalist, an anthropologist, and the United States Attorney-General, discuss "Are Parents or Society Responsible for Juvenile Crime?" This group concluded that primary responsibility for juvenile misbehavior rests upon parents in the home, and secondarily, upon the social environment including debasing publications and demoralizing plays, movies, and entertainments. An illustration of the effort both to understand and prevent delinquency is the activity of an interim committee on juvenile delinquency and associated problems appointed by the 1945 Wisconsin legislature. This committee of three assemblymen and three senators conducted more than twenty hearings throughout the state, seeking facts, opinions, and proposals from the general citizenry as well as from various professional experts. Among the comprehensive proposals made to the committee were:

1. Uniform compulsory school-attendance laws for urban and rural areas and adequate enforcement resources.
2. Twelve months school programs stressing supervised summer-recreational activities.
3. Provision of school social workers.
4. Child-guidance clinics in all communities or traveling psychiatric clinics.
5. State subsidy for county child-welfare workers.
6. State assistance to youth centers.
7. More effective enforcement of child-labor laws.
8. Organization of study groups of parents.
9. Increased emphasis on religious education.

10. Social workers to work with divorce counsels in cases where children are involved.
11. Enactment of a youth corrections authority act.

Many of these proposals will eventually be enacted into law or otherwise put into practice.

The social worker knows that juvenile delinquency is an old problem which is exaggerated by crisis conditions, and he resists alarmist reactions and sensational suggestions. He reiterates that children and youth need security, a sense of achievement, homes and communities which satisfy these needs. It is our function in this chapter to find out what resources the child requires if he is to avoid a delinquent career and what resources the youth who becomes a delinquent needs if he is to avoid becoming an adult criminal.

Case Histories. In a valuable bulletin, *Understanding Juvenile Delinquency*, published in 1943 by the Federal Children's Bureau, a brief description of three boys in trouble was presented to show the different factors which go into the making of delinquents and the different resources needed for treating them.² A summary of those stories, more or less in the language of the publication, follows.

Jimmy, Tom, and Peter were in trouble. They were caught stripping tires. They "borrowed" the roadster just to go for a ride. That was Jimmy's idea when he spotted the key in the ignition. The stripping came later. The boys stopped in a chili parlor where some big fellows persuaded them to swipe the white-walled tires. "Knifey Joe" knew a guy who would buy them. He'd show the kids where—for a cut on the deal. The boys agreed. While they were stripping the tires, the cops pulled up and nabbed Jimmy before he even had the first tire off. Peter ran but he didn't get far with his gimpy leg. Tommy stood still and gave himself up without a struggle.

It looks like the reform school for Jimmy since its his fourth time in juvenile court. He's a handsome lad going on sixteen and big for his age. He quit grammar school in the eighth grade. It was against the law, but the school was glad to get rid of him. There wasn't a smarter kid in the neighborhood, but for such a restless active boy sitting in a seat all day reading about lambs and fairies was more than he could stand. Heck, who wanted to know about such silly things and about how many gallons of paint it takes to paint a house. His old man had once been a painter and where had it gotten him—a bad lung, on relief, drunk most of the time. He only had one teacher that he ever liked. After he left school, he bummed around a bit,

² United States Children's Bureau Pub. No. 300.

occasionally selling a little liquor. Then came Pearl Harbor. He tried to enlist but couldn't get in. He got into more and more fights and stole several articles.

The probation officer said it was Jimmy's father's fault, getting drunk on pay-day and beating up his wife and kids. Jimmy had hated his old man ever since he could remember. His first memory was of getting kicked by his father. The worker from the relief was inclined to blame the mother. She was a poor housekeeper and didn't budget the family wisely. In court Mrs. Smith pleaded that her Jimmy wasn't a bad boy; it was that terrible neighborhood they lived in and the kids he ran around with from the time he was small. For all she tried, nothing seemed to go right with her kids.

When *Tom* was a little boy, everyone thought he would grow up to be a doctor or a lawyer. He was so serious and so quiet and so polite and so thoughtful. His father was a street-car conductor who worked nights. His mother took pride in their home, which was almost paid for, and always neat as a pin. She had only two children, Tom and his brother, Bud. Bud was born when Tom was two. Everyone fussed over Bud because he was such a cute baby. Even Mrs. Kelly seemed to prefer Bud. When Tom was five, he began to wet the bed. For several years she spanked him for bed-wetting, which he finally stopped when he was twelve. He was still a nervous boy, biting his nails and jerking his head. He tossed in his sleep and ground his teeth. He had no close friends and played mostly by himself. He had wonderful day-dreams of triumphing over Buddy and his school-mates. He'd be a great soldier and the President would pin a medal on him. Last summer Mrs. Kelly sent Tom to camp. She thought it would make a real boy of him. He wasn't happy there perhaps because he couldn't do things like the other boys. Once when two of the kids were teasing him and calling him a sissy, Jimmy came along and chased them away. He said he'd knock their tops off if they didn't leave Tommy alone. Jimmy was only a year older than Tom, but he sure was tough. Jimmy and Tom got to be great pals.

Peter was a runt. He looked like ten though he was really fourteen. Something must have happened to him when he was a baby. Maybe it was the fits he used to have or the auto accident when he was ten. Peter couldn't learn so well in school either and had to be put in the "dummy room." Peter's mother worked as a charwoman in a downtown hotel. She tried to be good to Peter, poor crippled thing, but earning a living for three small children didn't give her much time to pamper them. The father, before he died in an insane asylum,

was a mean one. The children hid when they heard him coming. Once Peter found a pocket-book with five dollars in it. He bought candy for all the kids in the neighborhood and was the hero of the day. Peter liked to run errands for the big fellows on the block. For that they let him hang around while they sat on the curb and exchanged big stories. Sometime he, too, would be a tough guy, maybe like "Knifey Joe."

These three children represent the thousands who annually go through the juvenile court. Generally they range in age from ten to eighteen, the largest number being in the fourteen to sixteen age-group. It is estimated that about one per cent of our seventeen million children, ten to sixteen inclusive, pass through the juvenile courts. A study made by the National Probation Association covering 117 juvenile courts showed an aggregate rise in juvenile delinquency of 42 per cent in the three-year period, 1941, 1942, 1943. About one in six delinquents is a girl. The boys, for the most part, are charged with stealing and acts of carelessness and the girls with running away, being ungovernable, and for sex offenses.

Jimmy, Tom, and Peter highlight the theory that there is no one cause of delinquency. Poverty, physical or mental deficiency, gangster movies, bad home environment, cultural conflicts, and neighborhood gangs are all possible contributing factors. To deal with the problem of delinquency and delinquents, we must know the psychological and social factors that have influenced children since birth and, most important, we must know how each one *feels* about his experiences. He may be shy and withdrawn, or hostile and aggressive. If the former, he is apt to become queer and neurotic; if the latter he may become a delinquent.

Parent Education. Since undoubtedly the most important factor in the adjustment of children is their parents, social workers believe that educational programs to help actual or potential parents achieve emotional maturity are vital. This means parent-education programs of the type conducted by parent-teacher associations, high schools and colleges, periodicals and radios, etc. If the child is actually a behavior problem, whether his difficulty is that of shyness or aggressiveness, he and his parents probably need the treatment facilities of child-guidance or mental-hygiene clinics. Unfortunately, to date these clinics have been largely limited to urban centers. Traveling clinics and consultative services are beginning to be made available to other than residents of large cities.

Just as bed-wetting, thumb-sucking, irregular food habits, temper

tantrums are symptoms of insecurity in the young child, so truancy which has been termed the kindergarten of crime may be the symptom of the emotional troubles of the child old enough to go to school. It follows then that the school needs resources for discovery and treatment of problems which we have already described in Chapter XI.

Preventive Resources. The family and the school are the two primary social institutions which influence the child's emotional organization and his patterns of behavior. If for one reason or another parents do not meet their responsibilities, the community must provide various kinds of services to help them. If the classroom functions of the school are not adequate to meet the needs of a child, schools must provide resources which will help in the socialization process. But other influences besides home and school impinge upon the child. Slums, social swamps, gangs, delinquency areas, gambling joints, cheap dance halls, low-grade pool halls and taverns, and burlesque shows are breeding places for crime. The child who is exposed to these neighborhood influences and who is in addition unhappy and insecure furnishes the perfect "set-up" for criminal acts. Tearing down of slums and erection of decent housing, economic security of families, control of commercial recreation, and the availability of plenty of wholesome recreation are all important methods of preventing delinquency.

Two important elements in community programs for delinquency prevention have recently been stressed. They are (1) participation of parents of delinquent or potentially delinquent children in community-improvement programs, and (2) participation by the children themselves, especially adolescents. Some localities have gone so far as to require that parents of delinquent children attend special schools to receive instructions in techniques of dealing with their children, a program with good intent and poor psychology! Coordinating councils which bring together leaders of the community and representatives from social agencies have been a factor, especially in California, in drawing attention to the problem of delinquency. Their major objectives include the collection of data on the incidence of delinquency, the study of available resources, and the determination of what new services are needed.³ The area type of project illustrated by the "Back-of-the-Yards" venture described by Alinsky in *Reveille for Radicals* emphasizes active participation of the residents of the neighborhood, adults and youths, tavern-keepers and

³ Herschel Alt, "Juvenile Behavior Problems," 1945 *Social Work Year Book*, pp. 214-224.

clergymen, delinquents and non-delinquents, in improvement of local conditions.

Legal Agencies. Obviously any or all of these programs require public attention, funds, agency structure, and competent personnel. It is clear to those who are willing to look, that a community program for the prevention of juvenile and adult crime must be built upon the preservation of wholesome family life, upon protection from harmful community influence, and upon the provision and co-ordination of many kinds of services and agencies. Jimmy, Tom, and Peter did not have the benefit of adequate community services. They fell into the hands of the law. If resources for the building of integrated personality and for the prevention of delinquency are not available or are not used, *legal* services come into the picture. Chief among these resources are the *police*, the *juvenile court*, the *detention home*, *probation*, *training institutions*, and *parole*.

The Police. The policeman is generally the first official to have contact with the child who has gotten into trouble. It is important that he understand child psychology. Since he disposes of hundreds of children's cases without ever bringing them into juvenile court, he needs to know community resources for handling the child's problem. Unfortunately, tests show a remarkable lack of intellectual fitness among the police, and most of them have had no special social-service training for handling either juvenile or adult offenders. Were the patrolman adequate in physical and mental equipment and also in training, he could do much to prevent juvenile delinquency. He is in the position to know the defective or the aggressive child, where the gangs "hang out" and what pattern of behavior is characteristic of each, where the "tough" spots are. By establishing friendly contacts with children and by reporting to the proper officials the violators of child-labor laws and tavern, pool-room and dance-hall regulations, he can be an important preventive force in the community. In some cities the police carry on welfare activities as a method of associating with the children of the precinct. Certainly every large city should have on the police force some who are welfare officers and who can encourage and carry on neighborhood activities for the benefit of children. It has been possible to place traffic-patrol officers in the neighborhood of schools who have also become the friend of children and parents. The same can also be true of the policeman on the beat.

A good many cities employ policewomen who are far more apt to have social-work training than their masculine colleagues. These women perform a valuable service, especially in the protection of

young girls and women against the exploiting elements in the community.

It is the function of the police: (1) to detect and arrest criminals; (2) to protect the innocent; (3) to prevent crime; (4) to perform certain general welfare tasks such as enforcement of traffic regulations, maintenance of order among crowds, and inspection of sanitary conditions. As the citizenry increasingly recognizes that the police force has a welfare function, it will insist that among these functions shall be included the protection of children from evil influences and the building of a cordial friendly relationship with them. This in turn means a higher caliber of official, one with more education and training for such a responsible job. "Provision of long-time treatment services for children is not seen to be an appropriate function for the police, who should concentrate their efforts on referral, control, of community conditions, and coöperation with other agencies in the development of treatment and protective programs."⁴

The Juvenile Court. When the resources of the community do not fulfill their preventive mission and when the police cannot or do not utilize these resources for the benefit of a child, it may be necessary to take him to juvenile court. How does the juvenile court differ from other courts? The important functions of courts include: (1) redress of wrong; (2) the conviction of the guilty; (3) the protection of the innocent; (4) the harmony of society.

The juvenile court has grown out of a demand for the socialization of courts dealing with children. It is only incidentally interested in the redress of wrongs by children. It is not at all concerned with conviction of the guilty brought before it unless they are adults who have contributed to the behavior difficulties of children. Nor is it primarily concerned with the protection of the innocent. It is interested in the prevention of delinquency and in the treatment of delinquents and so does have in common with criminal courts the purpose of protecting society.

Psychology, psychiatry, anthropology, sociology, sociological jurisprudence, and social work are largely responsible for changes in criminal procedure and in penological methods as applied to juveniles. The drive for these changes resulted in the juvenile-court movement with the first juvenile court set up in 1899 in Cook County, Illinois, and with every state but Wyoming now having either a separate juvenile court or courts with specialized jurisdiction and procedure.

⁴ *Ibid.*, p. 218.

Although juvenile courts are of recent origin, the principles underlying some aspects of juvenile-court laws are not new. This legislation has incorporated the ideas of chancery or equity courts in regard to the dependent and neglected child. In relation to the delinquent child, it has extended the common-law theory of absence of criminal intent under a given age. In the English case of *Eyre vs. Shaftsbury*, the equity court in 1772 laid down the principle that idiots, lunatics, and infants are entitled to the protection of the Crown, or as we would say, of the State. In 1827 in the famous *Wellesley Case*, the equity court made it clear that although the court had jurisdiction over children needing the protection of the Crown, it could actually act for the welfare of children only when it had means, that is, money or administrative facilities, to exercise its authority. It was not lack of authority but want of means that kept it from coming to the rescue of children needing protection. With the establishment of juvenile courts, the means for protecting neglected children have become available. The delinquency jurisdiction of the juvenile court is founded on the common-law theory that children under seven could not be guilty of a felony because the law presumed them incapable of having a guilty intent. Between the ages of seven and fourteen, no presumption of guilty intent from the mere doing of a forbidden act was assumed, but guilty intent had to be proven. After fourteen children were presumed to be responsible for their actions and treated like adults.

Juvenile courts have generally been given jurisdiction over dependent, neglected, and delinquent children and over adults contributing to the delinquency of juveniles. There is little present reason for taking dependent or neglected children to juvenile court unless the matter of custody is involved. Community resources including public and private case-work agencies, should handle their problems. The same is true of the child with behavior difficulties. When, however, community resources are inadequate to treat the misbehaving child, court action may become necessary.

Whereas formal criminal procedure, including apprehension, indictment, formal arraignment, pleas of guilty or not guilty, public trial with juries, criminal convictions, penalties, are employed for adult criminals, for juvenile delinquents procedure is informal and includes the giving of information about the situation, investigation, petition, summons, notice, release of child pending hearing, informal and private hearings separate from adults, recording of social and legal information, and judgment for the child's benefit. In order that

a juvenile court may perform its functions in regard to juvenile delinquents adequately, there must be a judge with a social philosophy, a probation system in which the probation officers are social case workers, and community resources for examination and treatment including clinics, hospitals, foster-homes, and institutions.

In a 1922 Children's Bureau pamphlet, "The Legal Aspects of the Juvenile Court," the authors stated: "The qualifications of a judge who hears juvenile cases have more to do with the success or failure of the work than any other single element. It is desirable that he be a lawyer, with a lawyer's realization of the rights of individuals; he should be in deep sympathy with the principles underlying juvenile-court laws, should have the ability to put himself in the child's place, and most important of all, his personality should be such as to win the confidence of the child."⁵ A quarter of a century later this goal has been reached by a relatively small number of juvenile judges. Since in most jurisdictions he is elected, either as juvenile judge or as judge of some other court with the additional responsibilities of juvenile judge, the voting public has ultimate control of the kind of person who sits on the juvenile bench. Some states make provision for the appointment by the judge of referees who make disposition of cases subject to the approval of the court. They are particularly useful in the court's work with girls.

Probation Officers. The work of the probation officer, whose functions include study of the child's situation before he is brought to court and work with the child after judgment by the court, seems to some authorities even more important than that of the judge. "Probation is a judicial guardianship, an intimate, personal relation which deals with all of the factors of a child's life."⁶ Rehabilitation does not take place in the court room but in the home, the school, the neighborhood. Unless the probation officer or the public-welfare official carrying on probation functions has training, excellent judgment, and an allowance of time for careful work, his contacts will be perfunctory and of little value. The probation officer is dealing with the failures of someone else, and his task is therefore extremely difficult. It is unfortunately true that standards of training and education for probation officers throughout the country are low. It is generally conceded by those in a position to know that the basic training for probation and parole work is social case work oriented

⁵ Bernard Flexner and Reuben Oppenheimer; "The Legal Aspects of the Juvenile Court," Children's Bureau Pub. No. 99, p. 13.

⁶ *Ibid.*, p. 13.

to the fields of criminology and psychology. Courts, probation officers themselves, and social workers are eager to help raise the qualifications of this important group.

When some of the principles which *should* guide the work of probation officers are reviewed, it becomes clear how ramified are their educational and experience needs. These principles include:

1. Utilization of the case-study method for analysis of individual need and for determination of kinds of treatment required.
2. Utilization of clinics and other community agencies for both diagnosis and treatment.
3. Contacts with the home of the delinquent, either directly or through other agencies so that understanding and rehabilitation may occur.
4. Assembling data from various sources for over-all understanding of the individual and his problem.
5. Establishment of a dynamic emotional relationship or a friendly but professional relationship.
6. Supervision that is neither indifferent and lax nor overly close and constraining.
7. An indeterminate probation period so that whatever time is needed for a constructive experience is allowed.

Not all individuals are susceptible to the methods of probation. It is part of the function of the probation officer to help in the determination of whether or not in a given situation the individual and the community will benefit by the use of probation. Skill is involved then, both in determining whom not to treat and whom to treat through the methods of probation.

Detention Homes. Many children, pending disposal of their cases by the court, require detention away from their own homes. Although most states forbid detaining children of stipulated ages in jails, social workers know of many violations. This is undoubtedly more true in the small and rural county where the court may or may not have the help of probation officers and where there are no foster-home or detention-home facilities. No child under sixteen should be detained in a jail. If children over sixteen are kept in jail upon order of a juvenile-court judge because of habits that might menace society, they should be kept in quarters separate from adults.

A program of detention for children should provide, first, quarters entirely apart from those used for adults. In large communities these facilities should be made available through a special institution or home. In smaller communities, foster-home arrangements should be developed. Second, a program of detention should guarantee standards of care that assure understanding of children. Third, detention

should be limited to children for whom it is thoroughly necessary. Fourth, authority for discharge of children from detention should be exercised only by the juvenile court or by the agency designated to provide services for the juvenile court and not by the police or other local agency.

Although the child's own home is usually the best place for him, there are times when the neglected or the delinquent child needs placement in a foster-home or institution. Child-welfare agencies have developed skills in selecting foster-homes in terms of the need of the child. Foster-home programs for behavior-problem children who have become delinquent have not yet been extensively developed. Some of these children will benefit by foster-home care and some by institutional care.

Training Institutions. Sociologists, psychologists, and social workers agree that delinquency is a symptom of some personal or social maladjustment and that its rational treatment should be analogous to therapy in medical science.⁷ A delinquent child is sent to a training school as a last resort, and consequently that institution has a challenging job. Despite the prevalence of modern theories regarding treatment of behavior problems and delinquent children, many of our institutions continue their attitudes of scorn and contempt toward recalcitrant children and employ the punitive methods of flogging, deprivation of food, segregation, solitary confinement, "cold-water baths, the administration of drugs which cause vomiting, etc. Whether the crime committed is talking, giggling, smoking, stealing, running away, sex-perversion, the motivations and needs of the children may be disregarded and restraints imposed.

There is no denying the fact that institutions handling the older juvenile offenders, those let us say, from fourteen to eighteen years of age, have some very serious disciplinary problems on their hands. It is axiomatic, however, that brutality and sadism breed their like and that only discipline and training provided by respected and strong personalities have reorganizing effects. Every training institution, therefore, needs a stimulating educational program, many types of recreation, diversified work outlets, attractive and private living facilities, opportunity for the establishment of regular habits, contacts with friendly and understanding house parents, teachers, and social workers. Of all institutions, certainly those for juvenile of-

⁷ Healy and Bronner, *New Light on Delinquency and Its Treatment*, New Haven: Yale University Press, 1936, p. 159. August Aichhorn, *Wayward Youth*, New York: The Viking Press, 1935.

fendents should provide the best in modern science whether in personnel or in equipment. The institution that makes most use of scientific methods will, undoubtedly, be the one to parole an appreciable percentage of its children. When parole is once determined to be desirable, the same principles apply to the relationships of a person paroled and the parole officer as apply between a person placed on probation and the probation officer.

New Developments. Just as there is no one cause for delinquency, so there is no one means of prevention and no one method of treatment. Constant experimentation with means of prevention and methods of treatment goes on. Some jurisdictions have provided for an extension of juvenile-court philosophy and methods to minors over juvenile-court age. Sometimes a special court or special division of a court has been created, or juvenile-court jurisdiction has been extended. These courts use many of the procedures of the juvenile court.

Since the approval in 1910 of the Youth Correction Authority Act by the American Law Institute, numbers of states have introduced bills into their legislatures modeled on the act. This bill proposes that youthful offenders under twenty-one convicted in a criminal proceeding be committed to a state agency which shall take full charge of correctional treatment. The authority must establish or see that there are established diagnostic clinics and proper detention and institutional facilities. Depending upon the offender and the offense, the authority may retain jurisdiction over him until he is twenty-three or twenty-five. Under certain circumstances it may keep him within its jurisdiction for a longer period with consent of the court. The bill provides for an indeterminate period of treatment and takes out of the hands of the court and places in the hands of an administrative body the use of probation, institutional treatment, and parole. The California legislature in 1941 established a Youth Authority.

Opposition to the Youth Correction Authority Act comes from judges who do not wish to have their functions limited to determination of guilt, from administrators who fear the purposes of the act cannot be achieved because of limited facilities and inadequate personnel, from journalists and others who fear leniency in the treatment of criminals. For years penologists have been advocating some such program, both for minors and adults. Probably experience with young people will have to be obtained before the principles of the Youth Corrections Authority Act can be applied to older criminals.

Another development illustrated by the experience of New York State is the establishment of state interdepartmental committees. In 1943 Governor Dewey appointed an interdepartmental committee on delinquency to study that problem. The committee recommended the formation of a New York State Youth Service Commission, and the legislature passed a law setting up such a body. Its functions are described in the first bulletin of the committee entitled "Stop Pushin' " and include:

1. Helping municipalities help themselves in the solution of the delinquency problem.
2. Making studies and analyses of the problems of youth guidance and the prevention of juvenile delinquency.
3. Coördinating and unifying the child-guidance, protective and welfare services of the various state departments.
4. Rendering financial assistance to municipalities so that adequate children's services can be locally provided.
5. Planning and putting into effect a program which will promote the welfare and protection of children.

In summary, the New York State Youth Service Commission is essentially an agency to stimulate local programs for the prevention of juvenile crime with the state assuming responsibility for guidance, leadership, and financial aid. It urges localities to outline a community plan for the prevention of delinquency and to discover gaps which the state commission may help fill.

Some states, as for example Wisconsin, have given consideration to the creation of a state public recreational department or commission to provide communities with expert leadership and consultative services. The State Welfare Council (formerly the State Conference of Social Work) recommended the establishment of such a department to the joint legislative interim committee on juvenile delinquency referred to in the early part of this chapter. Under this scheme a state commission made up of departmental executives of all governmental bureaus concerned with any aspect of recreation (such as the state conservation commission, board of health, departments of public instruction, public welfare, agriculture, the state university), would plan a coördinated recreation program on the state level and advise with local communities about their needs.

Various groups are making efforts to obtain community centers for war memorials rather than tablets and statues and other superfluous community adjuncts. Proponents of this suggestion believe that an imposing edifice is not the need but that the building "should exist for

every citizen, young and old—as something significant to him and his future, and as a chance to participate freely in the collective life of the city.” This would truly be “a living memorial.”⁸

SERVICES AND RESOURCES FOR ADULT OFFENDERS

Change in attitudes toward juvenile offenders, especially adolescent delinquents, occurs at a tediously slow pace. Reform in methods of dealing with juvenile delinquents lags behind scientific knowledge. This is even more true as far as adult offenders are concerned. As recently as December, 1943, a newspaper headline read:

GEORGIA SOUNDS DEATH KNELL FOR HELL CAMPS, CHAIN GANGS—
Reform of Archaic Penal System Decried
by Legislature after Evidence of Brutality
and Corruption Arouses Press and Public.⁹

The article thus headlined reported that Ellis Gibbs Arnall, then Georgia's up-and-coming young governor, had called a special session of the legislature to correct abuses exposed by a senate penal committee and that the legislators had passed a law which did away with the old prison board and created a new department of corrections. The first director of corrections planned to renovate the state's “archaic, dehumanizing penal system”—to abolish stripes, chains, stocks, the lash, the sweatbox, several “hell” camps.

It seems inconceivable that any jurisdiction could have retained into the present, as outmoded a system of administration and such vicious methods of punishment as had Georgia. Although many states years earlier had developed systems of administration less subject to graft and corrupt politics, there is probably no state all of whose correctional and penal institutions can stand careful, disinterested scrutiny and whose methods of treatment outside of institutions are on the whole adequate.

When a child does something to offend or harm society, he is brought informally before a court with chancery jurisdiction. In the case of adults, however, the offender must be discovered, apprehended, tried in a criminal court with its exacting rules of evidence, and, if found guilty, punished by one of the several methods available to the court. In our discussion of juvenile offenders we referred to the functions of the police, the contrast in methods of juvenile and criminal courts, the difference between apprehension procedures for

⁸ Porter Butts, “What Kind of War Memorial,” Madison: *Wisconsin Welfare*, March, 1946, p. 7.

⁹ *Milwaukee Journal*, Milwaukee, Wisconsin, December 12, 1943.

juveniles and adults, and the contrast in trial processes and in methods of treatment. It is appropriate in our discussion of adult criminals and their treatment to refer to the progress in the socialization of courts, including the use of the public defender; to improvements in institutional discipline; to the use of pardons; and to the reforms in prison administration including the use of work, education, and recreational resources.

Socialization of Courts. Court methods are derived from the traditions of centuries ago and are responsible for many unnecessary delays. The use of the grand jury for indictments, the required form of the indictment, the procedures and rules of evidence insisted upon all contribute to miscarriage of justice in many instances. Numbers of states have abolished the grand-jury system and have modernized their legislation concerning criminal process. Another improvement is the introduction of the use of the public defender who replaces the hired lawyer of the defendant. "This reform has grown out of the belief that if both prosecution and defense are paid for by the state, both will be equally interested in seeing that justice is done."¹⁰ Actual experience, says Gillin, substantiates this statement. Another encouraging movement is reducing the number of courts in urban areas. There we find police courts, magistrate courts, courts of common pleas, municipal courts, county courts, juvenile courts, courts of domestic relations, various courts of appeal. A few legislatures have passed laws providing for unification of the various criminal courts, or of the domestic relations and juvenile courts.

Institutional Management, Parole, Pardons. Despite the hair-raising stories of cruel treatment in institutions which can be told, there have been many improvements in institutional surroundings and discipline. These modernizations occur at different rates in various parts of the country, depending upon the degree of public interest and the attitudes and training of administrators. The rules of silence, the extensive use of solitary confinement and for minor violations, deprivation of food for long periods of time, and the use of physical punishment including gags and strait jackets, have been abolished in a considerable number of prisons and reformatories. In their place have been substituted the methods of classification and special treatment, modified use of solitary confinement, restricted diets, withdrawal of rewards for recalcitrant behavior.

Among the most significant improvements in institutional administration has been the furnishing of activities and interests. These in-

¹⁰ Gillin, *op. cit.*, p. 294.

clude libraries, newspapers, the printing of prison newspapers, elementary, secondary, and even more advanced educational opportunities as well as vocational education, the honor system, the building of a democratic prison organization, active competitive games, and church services. Not the least significant is the extensive use of prison labor in shops, on farms, and on the highways.

Enforced incarceration at its best is hideously abnormal. It seems unbelievable that it has taken so many of us so long to see that compulsory suffering, vindictive and sadistic physical punishment are not going to reform the prisoner nor to protect society since the released prisoner will soon wreak his wrath on the community. The indeterminate sentence, probation, and parole encourage keeping or getting offenders outside of institutions, and so represent significant improvements in penological theory. Parole officers working with adult criminals employ the same case-work principles and many of the same methods as apply to juvenile delinquents.

The use of executive clemency, long antedates the origin of the prison system. It is one of the methods used to soften the severity of prison discipline as well as to rectify miscarriages of justice. The laws of most states today give the governor or a pardon board, or both, the right to commute a sentence or to pardon conditionally or absolutely when it can be shown that mistakes have been made.¹¹ Under our present methods of criminal procedure, it seems clear that there is need for pardons. Criminals do get "railroaded" into prisons; sentences often are unequal and unfair; citizenship rights are removed from those who may have values to contribute to society. For these reasons a pardon system is needed, but it should be one which is not subject to politics nor to sentimental and emotional appeals. In order to avoid this type of administration, many authorities favor the use of a pardon board made up of citizens and experts appointed by the governor and confirmed by the senate and whose duties include standardizing of procedure.

Comprehensive Plan. We have been describing some of the reforms in the treatment of adult criminals. A rational and comprehensive program for their treatment, according to Gillin, requires:

1. A modern system of identification, including fingerprints, a library of records, laboratories, etc.
2. A carefully selected and trained police force.
3. Adequate places of detention pending trial.

¹¹ Gillin, *op. cit.*, p. 586.

4. For adults a system of bail bonds high enough to insure appearance of accused if released before trial.
5. Thorough reform of criminal procedures.
6. Methods of treatment directed to social protection, deterrence, and reformation
7. Limitation of court functions to determination of guilt and the new use of a board to determine types of treatment.

Additional Agencies. Several types of national, state, and local agencies deal with aspects of juvenile and adult crime. First, there are those that have direct contact with the offender. For example, the Federal Bureau of Investigation within the Department of Justice has general charge of the investigation of many violations of federal laws. The names F.B.I. and J. Edgar Hoover are familiar to everybody. Also within the Department of Justice are the Board of Parole, the Office of Pardon Authority and the Bureau of Prisons. All of these agencies have direct contacts with criminals.

Second, there are those whose primary purpose, at least so far as crime is concerned, is research and education. The Children's Bureau belongs to this group. So, too, do organizations like the Parent-Teachers Association.

Third, there are the organizations of experts. Among these are the National Council of Juvenile Court Judges, the National Probation Association, the National Association of Training Schools and Reformatories, the Conference of Superintendents of Correctional Institutions for Girls and Women, the National Conference of Juvenile Agencies. All exist for the purposes of exchanging ideas, discussing special problems, and improving professional practice.

State departments of correction, sometimes set up as independent organizations and sometimes as bureaus in departments of welfare, assume varying amounts of responsibility for outlining standards of care for juvenile and adult offenders. This is done through management of state institutions, inspection of local jails and lock-ups, probation and parole service, research, and public relations.

There are few local organizations which have as their primary purpose the encouragement of citizen interest in the problems of crime. If a scandal looms large, service clubs, women's clubs, and parent-teacher associations all become alarmed and take up the cudgels for community planning, but all too frequently their interest is transitory and leaves no permanent result. Community chests and councils of social agencies do more than any other single local agency to encourage ways and means of reducing delinquency and crime.

CONCLUSION

Numbers of factors cause crime rates to vary. These include: (1) crises like wars and depressions; (2) concentration of population; (3) heterogeneity of races, custom and speech; (4) rapidly changing economic conditions. In the middle of 1946, J. Edgar Hoover predicted that the United States in the post-war period would face the greatest crime wave it has ever seen. Wars always bring a crime wave, so it is not unreasonable to presume that World War II, more extensive and destructive than any other, will bring in its wake more illegitimacy, more sickness and disease, more discontent, more divorce, and more crime than ever before. However, these war and post-war phenomena should not surprise nor unduly alarm us. Rather, these conditions provide a challenge for careful thought and for rigorous and coördinated efforts to abate them.

What are some of these challenges for social workers? The most obvious one is improvement of services directly affecting criminals—the police, courts and judicial procedure, institutions, probation and parole personnel, so that the three interlocking purposes of deterrence, reformation, and protection of society may more surely be accomplished. Another is more effective education for parenthood since delinquency and emotional insecurity are often closely correlated. A third is provision of effective and stimulating educational and social contacts; the school and recreational resources are primary here. A fourth is assurance of economic security including fair wages, abolition of slums and adequate housing, expansion of the social insurances, etc. The fifth is closer knitting together of knowledge and practice.

We know that modern medicine has aggregated so large a body of knowledge that were it available to everybody, there would be a great diminution of disease and suffering. The same is true of the social scientists and social workers in relation to delinquency and crime. Much social and personal disorganization could be eliminated if knowledge derived from the social sciences were utilized. To get it applied means public education, a slow and tedious process, but an indispensable one in a democracy. It is one of the paradoxes of a democracy that the people must suffer because they will not do away with conditions which cause their own suffering. Social workers have a responsibility and an opportunity to help with the elimination of conditions causing delinquent behavior and thus to prevent individual suffering and social distress.

EXERCISES

1. Discuss the four basic theories of causation for delinquent behavior. Illustrate.
2. Discuss the five fundamental theories of punishment. Illustrate.
3. Discuss the factors in the life histories of Jimmy, Tom, and Peter which resulted in different patterns of delinquent behavior.
4. What are the prevalent differences in attitudes toward and methods of treating adult and juvenile offenders?
5. Describe the functions of the police, the juvenile court, probation officers, detention homes, and training institutions, in relation to juvenile delinquents.
6. What are the statutory provisions on juvenile courts in your state? (Consult the statutes.)
7. What are some of the new developments in the effort to prevent juvenile delinquency?
8. Outline a community program for (a) adult offenders, (b) juvenile offenders.

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Chapter XIV

SERVICES AND RESOURCES IN THE FIELD OF HEALTH AND MEDICAL CARE

INTRODUCTION

Social work has innumerable contacts with various aspects of medical practice. Social workers in their professional capacity probably have more contact with the medical services of the community than with any other single resource. Certainly this is true of the case worker whose functions include working with individuals, many of whom have health problems. Reciprocally, social work makes direct contributions to the medical profession. It does so through the activities of medical and psychiatric social workers who usually perform in a hospital or clinic situation and who have the task of adapting their practice to another profession and of performing effectively in a specialized setting. It helps further by taking recreation and group work services to the sick and disabled. It contributes by the community organization processes of planning and coordinating health and welfare services. Some go so far as to say that social work personnel assumes more responsibility than the medical profession for community planning in the health field and for stimulation of interest in the economic aspects of sickness.

Since the medical and social-work professions share an interest in people and their health problems and since each many times engages the skills of the other, it behooves each to get the points of view of the other. It is our purpose in this chapter to help the social worker understand something of the historical background of medicine and to appreciate the variety of kinds of services available and needed in this field. The introductory historical statement in this chapter, cursory as it is, will therefore be somewhat longer than the historical introduction of other chapters of Section II of this book.

HISTORICAL BACKGROUND

Broadly speaking, medicine has gone through several stages: (1) the primitive and ancient, (2) the Greek, (3) the Christian, especially

in the Middle Ages, (4) the modern and scientific beginning in the sixteenth century, and (5) the nineteenth and twentieth-centuries.

Primitive and Ancient. All writers of medical history point out how, "in primitive society the medicine man was and still is sorcerer, priest, and physician in one. He acts as a sorcerer when he fights witchcraft with magical means, as a priest when he placates the gods or the spirits of the deceased; and his function is that of a physician in that he endeavors to cure sick people."¹ Dr. Sigerist amplified this point as follows:

Medicine is but one aspect of the age-old struggle between man and nature, and primitive medicine was by necessity religious and magical in character. As disease was caused by spiritual powers, it was to be fought by spiritual means. The views about the origin of disease determined the physician's actions. The purpose of diagnosis was to ascertain who was responsible for the patient's illness, whether it was a man who had bewitched him or a demon that had taken possession of him. Prognosis meant to determine the intentions of the god in regard to a patient. . . . The purpose of therapy was to remove the effect of magic by magical means. The physician of primitive society, the shaman, was priest and sorcerer in one.²

Another authority on this subject wrote:

Medicine has grown out of and is deeply rooted in superstition. . . . He who knows it, automatically furnishes himself poise and equanimity with which to countenance the cults, isms and pathics that have barnacled the science of medicine since the earlier days of her emergence. Superstition in its turn is dated back to a close allegiance with folk-lore or so-called folk medicine.³

Ancient civilizations such as the Babylonian, Assyrian, and Egyptian had extensive systems of religious medicine. For some diseases or conditions they were able to associate natural cause and effect, and for these they developed considerable skill in the use of drugs and surgery. When they could not locate physical relationships, the supernatural furnished the explanation and treatment consisted of prayer, incantations, necromancy, exorcism.

The Greek. For millenniums and even into the present in those areas of the world where exposure to modern culture and civilization has been limited, medicine and the supernatural have been inter-

¹ Henry E. Sigerist, *Medicine and Human Welfare*, New Haven: Yale University Press, 1941, p. 109. Most of this introductory history is taken from two small and popularly written books, the Sigerist book just referred to and that of Major G. Seelig, *Medicine, an Historical Outline*, Baltimore: The Williams and Wilkins Company, 1931.

² Sigerist, *op. cit.*, pp. 1, 2.

³ Seelig, *op. cit.*, p. 3.

twined. At different points in medical history there has been more or less reliance upon supernatural explanations of disease and upon mystical and magical remedies. This dependence upon the supernatural is associated with the extent to which inductive or deductive reasoning is the predominant method of thinking. The Greeks with their eager search for knowledge developed an inductive or scientific approach to medicine.

During the early Homeric period medicine was practiced by the priestly class who invoked the help of their gods Apollo, Minerva, Orpheus, and especially of Aesculapius, the god of healing and father of two daughters, Hygeia and Panacea. The emblem, still the symbol of medicine, was a serpent coiled around a staff. Temples built in honor of the god of medicine were called *Asclepica* and in them the art of healing was practiced by the god's disciples. Gradually the knowledge and skills of the priests were disseminated among the laity and medical practice lost its priestly characteristics. Traveling physicians took their specialized knowledge to the sick and established numerous out-patient clinics corresponding to our present-day hospitals. Alongside this slow change natural philosophy was studied, and in its wake came the sciences of physics, physiology, embryology, zoology—all established about 500 B.C.

Energetic search for knowledge resulted in the establishment of medical schools from one of which came Hippocrates (b. about 460 B.C.), the most prominent character in medical history. He was the first "to rationalize medicine, to codify medical knowledge, and to establish the art of healing as one of the highest of ethical and spiritual endeavors." Hippocrates, a product of his times when the supernatural explained many of life's processes, could not be all wisdom, and so mixed up with his careful observations and logical reasoning were unfounded theories and speculations. He taught the theory of humoral pathology, namely that the four elements were fundamental constituents of the body. Warmth was the blood; cold was mucus; moisture was black bile; dryness was yellow bile. Aberrations of these four humors caused disease. Despite this theory of disease causation which seems so unscientific today, he merits the title of father of medicine. He established the principle that the knowledge of disease rests upon careful observation of symptoms. He was a first-class surgical clinician. He wrote prolifically on what he observed and on what he did. He may or may not have formed the Hippocratic oath to which young doctors still subscribe.

The influence of men like Hippocrates who used the scientific

information then available endured for several hundred years. Knowledge spread to the shores of the Mediterranean and was absorbed and modified, particularly by the Romans. In this process of diffusion there was considerable weakening of interest in scientific medicine which was revived by another great physician, Galen, born in Pergamos about 130 A.D. He was a student of philosophy, mathematics, the sciences, and medicine. His efforts included a study of anatomy and physiology.

Galen's great contribution to medicine is that he restored the earlier scientific Greek ideas and did so with such conviction that they lived through a thousand years of ignorance, superstition and wars until the dark Middle Ages disappeared and the Renaissance occurred. As the result of his studies, he left behind him knowledge that pneumonia was different from pleurisy, that tuberculosis was infectious, that the anatomy of the nervous system could be analyzed, that there are classifiable symptoms of inflammation, etc. His influence persisted even though alchemy, astrology, and magic were prominently identified with medicine. "As Roman civilization sank further and further in the depths, medicine followed and seemed to be headed for a more or less precipitate descent into utter oblivion."⁴

The Christian Period. When the new religion of Christianity came into the world it offered healing and redemption to the sick and suffering, not just to the well-to-do but to everybody. The sick man was no more an inferior being; through baptism, like the healthy man, he became a member of a religious family. Just as the physical family recognized its responsibility toward the weak and poor, so did the Christian family accept the responsibility of nursing and praying for the sick. The bishop as father of the family was in charge of charitable works, and with the spread of Christianity the family grew to embrace the whole of society. From then on the duty of society to care for the poor and sick has never been disputed although fulfilment of the obligation has often been neglected. Christian doctrine with its faith-healing practices was at many points irreconcilable with the scientific aspects of Greek ideology. However, even though the clergy frequently superseded science by Christian dogmas, they *did* preserve the old texts and they *did* build institutions in which medical care was afforded. In other words the clergy became custodians and disseminators of medical knowledge and at the same time were guilty of medical abuses, such serious ones, in fact, that the church between

⁴ *Ibid.*, p. 44.

1100 and 1200 forbade the teaching, studying, and practicing of medicine by the clergy.

The Beginning of the Modern Period. For several centuries, both because of the influence of the church and the chaos of wars and invasions, there was a minimum of interest in the scientific approach to medical practice. At a snail's pace there grew a reaction to the mysticism and supremacy of the church in medicine. Interest in a scientific approach to current problems was hastened by the disasters of the Crusades, by the stark effects of the breakdown of feudalism, and by the growth of a trading and traveling middle-class. The real rebirth of interest in objective knowledge came in about the sixteenth century. In the field of medicine the great epidemics virtually compelled a new approach to disease. The printing-press, making possible easier transmission of information, gave momentum to the revival of interest in the objective approach. The revolt of Luther against the Catholic church encouraged resistance to religious authority. Anatomy, pathology, surgery, obstetrics, ophthalmology, and general medicine began to experience major changes. The scientific method, although still mixed with ignorance and superstition, was revived. So from the fifteenth and sixteenth centuries on, with interruptions and delays, we have had growth of interest in the assimilation of new knowledge which goes into the practice of medicine.

It is impractical for the layman in this field to do more than mention a few of the developments in medical theory and practice in the modern period. Such an enumeration may help, however, to illustrate the strides made and indicate the breadth of scientific and practical knowledge which goes into the profession of medicine.

In the seventeenth century the circulation of the blood became a proven fact; the phenomenon of generation was explained; the microscope was invented; chemistry became more highly experimental; and histology was born. Improved surgical methods replaced those of the barber. The name of Thomas Sydenham (1624-1689), who has been called the English Hippocrates, is associated with this century. His reputation rests upon his genius as a clinician. He was a conscientious bedside observer; he carefully regulated diets; and he rejected the validity of the processes of theorizing about causes and cure of sickness.

In the eighteenth century, although scientific study continued, the most important development was the growth of practical medicine, or the real grounding of a clinical method. Such names as those

of Edward Jenner, an Englishman (1749-1823), who introduced the use of preventive inoculation for smallpox, Philippe Pinel, a Frenchman (1745-1826), who reformed the brutally inhuman methods of caring for the insane, Benjamin Rush, an American (1745-1813), who furnished a careful description of cholera infantum and of yellow fever and who wrote the first, and up to 1883 the only, systematic treatise on insanity, are associated with this period.

The Nineteenth and Twentieth Centuries. There occurred in these centuries a greater development in the sciences, in the application of the sciences to medicine, in the use of the scientific method by medicine than in all the rest of mankind's history. It is probably accurate to say that more happened in the field of scientific medicine in the twentieth century than in all the preceding centuries put together. In the last ten years most significant developments in the medical sciences, except for the discovery of penicillin by an Englishman and the sulpha drugs by a German, have been made by Americans.

In the nineteenth century Pasteur established bacteriology and introduced the principle of antiseptics. It was applied to practical surgery through the efforts of Lister. Before Lister, pus was supposed to be the necessary accompaniment of all surgical wounds. In fact, infective gangrene was so common in hospitals after operations, especially amputations, that over one-half the patients died.⁵

Anaesthesia, a word coined by Oliver Wendell Holmes meaning death of pain, was discovered in the 1830's and '40's. Dr. Holmes, who had found much unnecessary death in childbirth due to uncleanness, aroused violent opposition when he wrote his paper in 1843 on the "Contagiousness of Puerperal Fever." His careful work helped reduce the death rate from this cause. Koch developed a systematic method of cultivating, grouping, and classifying bacteria. He discovered the tubercle bacillus. Ephraim McDowell, an American, performed the first ovariectomy and James Sims, also an American, employed the first vaginal speculum. Rudolf Virchow, a German, was really the founder of modern pathology. Sir William Osler, a Canadian, was a prolific writer, a challenging teacher and an internist of great accomplishment. During the nineteenth century nursing was put upon a more dignified and professional basis.⁶

⁵ *Ibid.*, p. 163.

⁶ For a popular description of some of the illustrious bacteriologists see Paul de Kruif, *The Microbe Hunters*, New York: Harcourt, Brace and Co., 1926.

Hundreds of other prominent names could be mentioned. Many of them are well known because diseases have been named for them such as Paget's disease of the bone, Pott's disease or caries of the vertebrae (usually of tuberculous origin), Bright's disease or nephritis, Addison's disease or hypofunction of the suprarenal glands, Hodgkin's disease, a lymph gland condition, and Parkinson's disease, a form of paralysis.

In the twentieth century physics, chemistry, bacteriology, parasitology, immunology have made their invaluable contributions. Just before the turn of the century Roentgen offered the x-ray to the world. It enables us to visualize the bones of the body, to observe abnormal change resulting from violence or disease, to ascertain the presence of foreign bodies like safety-pins. The harnessing of electrical energy has enabled us to employ high-frequency currents for the destruction of artificial growths like cancer, and to examine under full illumination many inaccessible spots in the body. The ability to break up light into some of its component parts makes it possible to use ultraviolet rays for curative purposes. Still another development in physics has made it possible to expose the human body to great heat and in this way to attack certain diseases such as syphilis and gonorrhea. Methods of artificial respiration also derive from physics.

Chemistry, especially bio-chemistry, has made revolutionary contributions to medicine. Knowledge of the activities of the ductless glands, (the thyroid, thymus, gonads, adrenal and pituitary glands), of the physical effects of fatigue and of new drugs have added to the salutary effects of medical diagnosis, prognosis, and treatment. Chemistry has taught us the means of preventing typhoid fever, diphtheria, tetanus, cholera, scarlet fever, etc. A watchful service in public health and preventive medicine can now abolish these diseases.

The scientists who have spent—and often risked—their lives in communing with the plants and animals which feast upon mankind, have . . . made an enormous contribution, in fact, so enormous that would one really be a master of the subject, he can do nothing else. Their discoveries have nailed down the cause, pointed the way to prevention and offered us a cure of many curses.⁷

The enormity of available knowledge and the effect of scientific discoveries have raised the educational requirements of medicine. Up

⁷ Hugh Cabot, *The Patient's Dilemma*, New York: Reynal and Hitchcock, 1940, p. 10.

to forty years ago students in medical schools had only a high-school education and could obtain a medical degree in three years. Today most medical colleges require at least three years of college or a bachelor's degree, a four-year medical course and a year of internship. If a student wishes to specialize he will add one, two, or three more years to his medical education. A specialist in internal medicine, for example, has to know a great deal about chemical tests, x-rays, and bacteriology. This means that he must have close association with consultants, laboratories, and hospitals. It is clear then that the modern doctor has an extremely demanding and costly type of education. If he is to function adequately as a practitioner, researcher, or teacher he must have access to modern inventions and resources, especially hospitals. This is one of the reasons why doctors gravitate to urban centers rather than to rural communities. This movement in turn means that many areas of our country are afforded exceedingly limited medical resources, and this again in turn means that many people receive inadequate medical care.

Although the physician is not the only medical worker, he is *the* recognized medical expert. Nurses, laboratory technicians, and physical therapists contribute to the well-being of patients but without the expert diagnosis and treatment of the highly-trained doctor, medical care of the kind we know today could not exist. "In no profession is ignorance so dangerous as in the medical profession. A wrong legal judgment may be corrected by a higher court. A wrong diagnosis or treatment may result in the patient's death. Little wonder that society tried to protect itself against ignorant physicians by setting definite standards which had to be met before a man could call himself a physician and could practice medicine."⁸ Some type of licensing has existed for centuries, but until the twentieth century it has been ineffectual to restrain charlatans, quacks, and incompetents from practicing in the *name* of medicine.

As this historical sketch shows, there is plenty of reason why physicians should be proud of their profession and expect professional, financial, and social recognition. For obvious reasons the ordinary man has high regard for doctors. He realizes the physician must have great skill if his health is to be maintained. The layman gives higher social status to the medical practitioner than to any other of the professions not only for the reason of the doctor's skill but because the doctor earns the most money of any of the professions, and money *does* give status in our society. In 1929 approximately 30 per cent of

⁸ Sigerist, *op. cit.*, p. 125.

all physicians had a net income above \$8,000 annually and only about 11 per cent made as little as \$2,000 or less.⁹

It is not strange that the medical profession, conscious of its high merit, desires to maintain the *status quo* in medical practice. Characteristic of that practice is patient-to-doctor relationships, individual initiative and a high degree of individual responsibility, freedom from supervision, high standards of practice defined by the doctors themselves, the fee system, and public medicine in restricted areas of practice. The majority of doctors today resist what they call socialized medicine. They do not want the government to set up plans for medical care for individuals except in the case of poor and needy people or of particularly devastating diseases; nor do they want the government to guarantee health care for all wage-earning groups through compulsory social insurance although they have reluctantly admitted that voluntary health insurance may be necessary. They fear loss of prestige and loss of income, but perhaps most of all they fear domination by bureaucrats and curtailment of medical freedom and effectiveness.

Taking for granted the constant scientific developments in medicine, the most significant spot on the medical horizon is public insistence upon the provision of adequate medical services for every American and the demand that they be guaranteed through social insurances and tax-supported medical services. It is also encouraging that the doctors themselves, at least some younger physicians, recognize the validity of the public's demands.

In concluding this survey of medical history, it is fitting to quote from one of the authors whose book we have extensively relied upon:

. . . by this time we should have awakened to the realization that medical history as an entity or separate discipline has no existence. Its course is dependent upon and modified by plague, famine, war, prosperity, peace, invention, adventure, and discovery. Medicine trails along, a hand-maiden of the times, serving with blessed benevolence but usually in no greater degree than the times permit; blossoming as the minds of men are stimulated into both activity and receptivity, and languishing in the shadows of decadence that fall, just once so often, across the world. We saw the germ of rational medicine develop under the inspiration of the Greeks; we saw the decline of medical thought under the crass materialism of the Romans; we watched its subjugation and its degradation during the age of clerical and scholastic dominancy; we learned how the fundamental principles of medical science were kept alive, until they bloomed during the Renaissance in the wonder-

⁹ Wilbur Brookover, "An Analysis of the Opposition of the Medical Profession to Modifications in the System of Medical Care," *The Teachers' College Journal*, Vol. XV, No. 1, September, 1943.

ful sixteenth century. But always it was the same story, medicine moved along with the times. When medical history is written, there is written inevitably, a history of culture—social, scientific, and intellectual.¹⁰

It is part of our requirements today that the innumerable resources for making and keeping people well shall be made more and more universally available. Since most people feel as Descartes did when he wrote his *Discourse on Method*, we quote him here, "Health is without doubt of all the blessings of this life, the first and fundamental one . . . If any means can ever be found to render men wiser and more ingenious than hitherto, I believe that it is in medicine they must be sought for."

SERVICES AND RESOURCES

Let us turn our attention now to existing and needed medical services. The following discussion is based upon the premise that focal to all these services is the *competent physician*. Numbers of classifications of agencies and services in this field can be made. We might describe them under the categories of public and private. Whether public or private they may be on a local, state, or country-wide basis. We might describe them as resources having for their primary functions: (1) treatment of disease; (2) prevention of ill-health through medical care and preventive services; (3) prevention of inadequate medical care due to economic problems; (4) encouragement of good health.

Goldmann in his *Public Medical Care* describes resources under the headings of: (1) hospitals, (2) various types of clinics, (3) organized programs providing for home, office, clinic, hospital, and custodial care and those providing complete medical care for control of certain diseases and defects, (4) organization and administration of facilities and services for the care of the sick.¹¹ Instead we shall set up a classification of services and agencies as follows:

1. Clinics.
2. Hospitals.
3. Medical care for the needy.
4. Medical care in institutions.
5. Official public health agencies.
6. Voluntary public health agencies.
7. Community planning.

¹⁰ Seelig, *op. cit.*, pp. 101-102.

¹¹ Franz Goldmann, *Public Medical Care*, New York: Columbia University Press, 1945, p. 2.

8. Military resources.
9. Medical and psychiatric social work.
10. The social insurances.

Clinics. We showed earlier that the rise of scientific medicine and the great increase of specialization necessitate group medical practice, which may be carried on under the auspices of public or voluntary agencies or under the control of groups of doctors for business purposes. This third type ranges in size and influence from the world-famous Mayo clinic in Rochester, Minnesota, to small groups of half a dozen physicians.

Many clinics furnish services of specialists only, although some, particularly those in general hospitals or those run by a group of doctors for their own convenience, provide complete medical service. Out-patient clinics maintained by hospitals provide a large number of services such as general medicine, medicine with many specializations, general surgery, surgery with many specializations, obstetrics and gynecology, pediatrics, psychiatry, dentistry, tuberculosis, and ancillary services such as x-ray and physiotherapy.

A group plan may be devised primarily to preserve and promote the health of well people by providing diagnostic services, health education, and health supervision. Maternal and infant, pre-school child, and school clinics are of this type. Or a treatment and preventive clinic may be designed especially for persons suffering with or suspected of a specific disease such as tuberculosis, venereal disease, malignant tumors, diabetes, etc. Areas outside of large cities are sadly under-supplied with either diagnostic or treatment clinics and even in large communities clinic services vary greatly in quality and in diversity. "Clinics-on-wheels" offer a method of taking specialized health services to small communities.

Many authorities believe complete community health centers should be built around hospitals rather than separate from facilities for the care of the sick. Some hold that only *official* health agencies should be coördinated; others believe that not only all public and private health agencies but also welfare and relief agencies should be brought under one roof.¹² There is a marked trend in the United States toward public responsibility for the establishment of preventive clinics which very often provide *free* services. Private clinics conducted by doctors for business reasons, of which there were some four hundred in the United States in 1942, generally make use of the fee-for-service system. This means that patients are charged fixed fees

¹² *Ibid.*, p. 57.

according to the amount of service rendered. Sometimes there are arrangements for group prepayment. Whether public clinics should be organized for the use of anyone and everyone in the community or for the benefit of special groups, and on what basis payments by patients should be made are moot questions.

Hospitals. The hospital system in the United States has been growing apace. In 1942 the registered facilities controlled by local, state and federal governments provided 1,015,781 beds, or close to three-quarters of all beds available in the country.¹³ Up to the end of the nineteenth century, public hospitals were for the destitute and the criminal with chronic or infectious diseases. Private hospitals were for the rich. In the twentieth century scientific and technical progress reformed old public institutions for the sick. Four developments combined to make the modern hospital: (1) Improvement of sanitary control; (2) progress in architectural design and construction; (3) advance in diagnosis, treatment, and medical techniques; (4) introduction of organized professional services by doctors, nurses, and medical social workers. Today the general hospital, public or private, for pay and non-pay patients, furnishes custodial care for the disabled or sick including isolation facilities for communicable disease; organizes and provides adequate and competent diagnostic and treatment services; provides opportunities for professional education; carries out medical research. Numbers of special hospitals exist for the treatment of certain diseases such as tuberculosis, mental deviations, contagious diseases. Voluntary effort should be given credit for most of the achievements in developing and improving the general hospital designed exclusively for the care of the sick. The pioneers were doctors and surgeons who wanted a decent place in which to practice and non-profit organizations including church groups.

Most general hospitals are non-profit institutions, in fact in 1941 the bed capacity in such institutions was approximately seven times as large as in proprietary hospitals. These latter are important, however, because in many areas they furnish the only hospital facilities. Units of government have contributed to the expansion of general hospitals by encouraging and subsidizing voluntary efforts and by establishing facilities of their own at local, state, and national levels.

According to a 1939 survey of all registered and non-registered facilities, the beds in general hospitals excluding tuberculosis and mental hospitals were available at the rate of 3.83 per thousand population. The bed rates by states ranged from 1.57 to 7.13 per

¹³ *Ibid.*, p. 4.

thousand population, which means that the best state had relatively four times as many beds as the lowest ranking state.¹⁴ The majority of these hospitals were small, with nearly 0.6 having less than fifty beds. Costs of building and operating a good general hospital are so great as to be beyond the resources of small local units of government.

Failure to initiate a nation-wide hospital policy based on the principle of federal-state coöperation has resulted in inadequate facilities in many parts of the country. The Hospital Survey and Construction Act (S.191) passed in 1946, is designed to fill one of the major gaps in our national health program. It aims to increase facilities for medical research, preventive medicine, medical care, and hospitalization through the provisions of more adequate hospital and health-center facilities. Federal grants-in-aid are authorized to assist the states:

1. To determine their hospital and public health center needs through state-wide surveys.
2. To develop state-wide programs for construction of facilities needed to supplement existing facilities.
3. To construct facilities which are thus determined to be necessary and which are in conformity with the construction program constituting the approved state-wide plan.

The act authorizes the appropriation of three million dollars in order to assist the states to survey their needs and seventy-five million dollars for each of the next five years, to help them in the construction of needed public and other non-profit hospitals, public health centers, and related facilities. In order to obtain federal funds for the construction of hospitals, a state is required to formulate and have approved by the Surgeon General a plan which includes, among the ten requisites, such items as: provision by the respective states of standards for the maintenance and operation of hospitals, provision for a state advisory council, agreement to submit reports and information to the Surgeon General.

Surgeon General Parran who administers this program envisages the hospitals of the future as having a broader and more important function than in the past. Until recently the hospital was merely a place for the sick poor to go to, usually to die. Now the public looks upon it as a place where it expects to get well. Dr. Parran looks on it as an instrument for the total community health, the promotion of health, the prevention of disease, and the treatment of the sick. The

¹⁴ *Ibid.*, p. 32.

passage of this act represents an important milestone in the development of public policy in the field of medicine.

Facilities for the Needy. Discussion of medical care for the needy and for persons in institutions cannot be completely separated since for a long period of our history they were the same thing. The colonists had few medical resources of any kind. The sick poor were specifically entitled by statute to relief and medical care of the niggardly and inadequate type which was referred to in Chapter XII. These early statutes provided that the poor, old, blind, impotent, and sick were entitled to care. The sick who were public charges, if not taken care of in their own homes, were dumped into almshouses or workhouses along with loafers, vagrants, beggars, and drunkards. It is not strange that public medical care was avoided.

Not until conditions became notoriously bad in the nineteenth century were separate hospitals built. The first general hospitals, in other words, were lineal descendants of almshouses. A typical example is the Bellevue Hospital of New York City which dates back to a pesthouse built in 1794 and a workhouse founded earlier in 1736. The Boston Almshouse erected in 1662 had a few beds for sick paupers, and that is all the public medical-care facilities there were in that city until the nineteenth century.¹⁵ Many almshouses even today take care of large numbers of poor people with chronic illness and with other physical and mental disabilities. Very often the medical care provided is infrequent and inferior so that in effect custodial care is all the sick person receives. In those communities which have general hospitals, the quality of care given to the needy is usually superior. It is a common conviction that in such communities the poor and the rich are the only groups which receive expert and expensive care.

There is great variation between states and between welfare programs as to who shall receive free clinic and hospital care. Must the individual be destitute before he may receive adequate medical care? Shall the principle be established of treating disease in its early stages instead of waiting until the disease has so developed as to produce destitution? Shall persons who cannot afford expensive medical care but who can provide for current everyday expenses be given free medical care? To what extent shall the various groups of needy for whom special legislation has been enacted (such as the aged, the blind, the dependent child) be given special medical care? What are the best systems of providing medical care for those not requiring

¹⁵ *Ibid.*, p. 35.

hospital facilities? Shall there be free choice of doctor by the patient or shall a staff be employed which the needy patient must utilize?

In addition to these questions, answers to which affect that segment of our population whom we call the poor and needy, there are others which have to do with various aspects of health insurance, answers to which affect almost all small-income groups. For example, in the total health picture, what is the place of prepay medical care including that for hospital, clinic and physician's services? Shall we have a system of health insurance and if so, shall it be voluntary or compulsory? If compulsory, shall it be limited to those with a low income? Shall there be extension of free public health resources in the direction of a comprehensive scheme of free medical services analogous to our system of free educational services?

These represent some of the questions being asked by those interested in making adequate medical services available to all; in seeing that those with limited income shall not be deprived of medical care for that reason; in knowing that when medical care is furnished it shall be as expert as that provided those able to afford the best. The American people in the last generation have greatly changed their attitudes regarding the amount and kind of medical care that shall be universally available. The depression agencies of the 1930's did much to convince us that an American minimum standard of living can be achieved and that public assistance, the social insurances, and public health resources are all factors in that achievement.

Medical Care in Institutions. Moving along with interest in improving the standards of medical care for the indigent has been concern with adequate medical care of those persons who *must* live in institutions as children in need of special care, delinquents and criminals, the mentally diseased and deficient, the handicapped as the epileptic, crippled, blind, and deaf. Anyone acquainted with the institutional resources of his state knows that, generally speaking, medical services are entirely insufficient and frequently disgracefully inferior. It seems too obvious even to mention that those people who are forced to live in institutions, whether for long or short periods, are entitled to decent medical care and further that if the community is to benefit from institutional programs, corrective and preventive health services should be available. Unfortunately these principles are not always put into practice. The gross inadequacies of medical-care services in institutions are due to the ignorance and disinterest of the supporting public and its legislative representatives; to the tradi-

tion of niggardly support of institutions; and sometimes to mismanagement, poor personnel, and political corruption. Those jurisdictions which have legislation creating central administrative and supervisory bodies, made up of informed and interested people, are likely to have better institutions than those states in which institutional management is subject to political influences.

Official Public-Health Resources. Many authorities who write on the subject of public health show how, throughout history, effort has been made to protect the physical wellbeing of the populace. In the words of one writer, "The protection and preservation of the public health has been recognized from time immemorial as one of the necessary duties and as one of the primary functions of the sovereign power, the state. Not only is government organized for the purpose, among others, of safeguarding the health of the people, but all progressive governments have realized that upon the efficient and effective performance of this important duty depends, in large measure, the survival of society and the social order."¹⁶

We saw earlier that measures to protect the public health depend upon the attitudes and knowledge of the time. The type and extent of the services of official health agencies depend upon the constitutional and legislative framework within which they operate. The number and competency of non-official agencies also depend upon public interest. Whether or not there are legal restrictions upon prostitution and the spread of venereal disease, the extent to which quarantine laws are enacted and enforced, the kinds of tax-supported and voluntary health services provided—all depend upon public interest. This concern with the health of the citizenry may be expressed through the enactment of laws setting up tax-supported services or through the creation of services supported by voluntary contributions. Whether the service is tax or privately supported, it has to do with the public health.

Perhaps it is apropos at this point to define what we mean by *public* health. Usually when writers talk about *public* services, they mean tax-supported services. This is true in the field of public welfare. Public-welfare administration has to do with the carrying on of tax-supported services for certain classes of persons. However, the word *public* in connection with health agencies does not necessarily mean *official* agencies but rather any kind of agency having to do with the health of the public. The most generally accepted definition of

¹⁶ James A. Tobey, *Public Health Law*, New York: The Commonwealth Fund, 1939, p. 3.

public health is that of Dr. C.-E. A. Winslow, Professor of Public Health at the Yale University Medical School. "Public health," according to Dr. Winslow, "is the science and art of preventing disease, prolonging life, and promoting physical health and efficiency through organized community efforts for the sanitation of the environment, the control of community infections, the education of the individual in principles of personal hygiene, the organization of medical and nursing services for the early diagnosis and preventive treatment of disease, and the development of the social machinery which will insure every individual a standard of living adequate for the maintenance of health; organizing these benefits in such fashion as to enable every citizen to realize his birthright of health and longevity."¹⁷

By this definition any service, tax or privately supported, having these functions is a public health agency. The medical-care program of a relief agency is thus a public-health agency. So, too, is a publicly- or privately-supported clinic for crippled children, for cancer prevention, for the cure of venereal disease or a program to discover the cause of infected milk or to abolish flies and mosquitoes.

We should like to make clear another point. The practice of private medicine involving the relationship of doctor and patient with no intermediary agency and the practice of public health are not the same thing. James A. Tobey, a doctor of public health, makes the distinction as follows: "Since medicine is the science and art dealing with the prevention, cure, or alleviation of disease, public health is sometimes considered to be a branch of medicine. Actually, however, public health is a science much broader than medicine because it draws for its component parts not only upon preventive medicine and to some extent upon curative medicine, but also upon the arts and sciences of engineering, biology, chemistry, bio-chemistry, statistics, education, sociology, and law."¹⁸

It seems desirable in this review of public health services to describe (1) official departments of public health and their functions and (2) specific services, whether public or private, for the public health.

On the *federal* level of government, there is no department of health analogous to the departments of state, treasury, war. Numerous federal agencies have health functions. The most extensive program is carried on by the United States Public Health Service, a part of the Federal Security Agency. Its authorized functions are research

¹⁷ Quoted in Tobey, *op. cit.*, p. 4.

¹⁸ *Ibid.*, p. 10.

and promotion of research relating to the causes, diagnosis, treatment, control and prevention of physical and mental diseases, control of biologic products, coöperation with state and other health agencies, prevention of the introduction of disease from abroad and the spread of disease in the United States, medical care of legal beneficiaries, and the dissemination of health information. Two important programs are those for tuberculosis and venereal-disease control. It furnishes out-patient and hospital treatment to its legal beneficiaries in one hundred and fifty parts of the United States and its possessions. It operates a hospital for the care and treatment of persons having leprosy and conducts two hospitals for the rehabilitation of drug addicts. The Social Security Act of 1935 and war legislation greatly increased the opportunities of the United States Public Health Service to assist the states in their public-health programs. Its chief, Surgeon General Parran, is well known to the public, in part, for his courageous campaign against venereal diseases. The Bureau of State Services within the United States Public Health Service is responsible for the functions of the public health service involving grants to states.

The United States Children's Bureau has important public health functions. The Social Security Act made funds available for grants-in-aid to the states for maternal and infant and crippled-children programs. The Children's Bureau administers these services. The educational programs of the bureau are extensive. Within the Bureau of the Census is the Division of Vital Statistics which has responsibility for the collection of birth and death statistics for the whole country—of basic importance to the public health. The Food and Drug Administration within the Federal Security Agency prevents the interstate shipment of harmful, adulterated, or misbranded foods and drugs. The control of narcotic drugs is the responsibility of the Bureau of Internal Revenue in the Treasury Department. The Department of Interior operates medical and health services for Indians and Eskimos. Many unsuccessful attempts have been made to secure federal legislation creating a Department of Health with a secretary of cabinet rank. It seems likely that if a new cabinet position is created in the near future, it will be a department of health, education, and welfare.

Routine public-health work is the responsibility of *state* governments which in turn delegate many powers and duties to local units. The state health organizations usually retain broad supervisory and

advisory relationships with the local units, establish standards of personnel and performance, and provide financial aid and help in emergencies. The first state board of health was created in Massachusetts in 1869. Today all states but Idaho, Nevada, and Oklahoma have some state health body. Routine duties have been summarized as follows:

1. Study of state health problems and planning for their solution.
2. Coordination and technical supervision of local health activities.
3. Financial aid to local health departments as required.
4. Enactment of regulations dealing with sanitation, disease control, and public health.
5. Establishment and enforcement of minimum standards of performance of work in local health departments.
6. Maintenance of central laboratories.
7. Collection, tabulation, and publication of vital statistics.
8. Collection and distribution of information concerning preventable diseases.
9. Maintenance of safe quality of water supplies and control of the character of the disposal of human waste.
10. Establishment and enforcement of minimum sanitary standards for milk supplies.
11. Provision for services to aid industry in the study and control of health hazards due to occupation.
12. Prescription of qualifications for certain public health personnel.
13. Formulation of plans in cooperation with other agencies, for the prompt mobilization of services to meet the health needs.¹⁹

Many state health departments have additional duties such as the licensing of doctors, osteopaths, chiropractors, beauty shop operators, and barbers and the inspection of bakeries and restaurants.

It is primarily through the *local* units of government that health services are brought directly to individuals. Local health departments reflect the functions of state health departments as listed above. Incorporated communities have responsibilities to operate health services. In rural areas health services may be an incidental activity of county, township, or village government; quite often there is no competent health official available. In sizable cities each phase of the program may be under the direction of a well-established bureau. In one progressive city of 70,000 population, the local health department, in addition to enforcement of sanitary and quarantine laws, runs a venereal-disease clinic, a tuberculosis clinic, eye and dental services for school children, and a school-inspection program. The

¹⁹ Harry S. Mustard, "Public Health," 1945 *Social Work Year Book*, p. 333.

home-nursing program in this community is carried on by a voluntary health organization. The city health department and the voluntary visiting-nurse organization work closely together.

(See end of next chapter for Exercises and Bibliography.)

Chapter XV

SERVICES AND RESOURCES IN THE FIELD OF HEALTH AND MEDICAL CARE (Continued)

Voluntary Public Health Agencies. The number of public health services rendered by unofficial or voluntary groups is legion. Many city people are more or less acquainted with the work of organizations like the Visiting Nurse Association, the Anti-Tuberculosis Association, and the Society for Crippled Children, but probably no urban resident has much idea of the multiplicity of voluntary health services in his community.

Millions of radio listeners in April, 1946, had the opportunity to hear Milton Cross, radio commentator, and Dr. Louis I. Dublin, Vice-President of the Metropolitan Life Insurance Company, discuss "The Challenge to the Voluntary Health Agencies." The talk was based on a significant study published under the title, *Voluntary Health Agencies*. In the foreword to that study,¹ made by Gunn and Platt, is the following paragraph: "The voluntary health movement has had its fullest flowering in the United States. Nowhere else in the world has this type of service developed to such extent or in such variety. It is truly an extraordinary expression of the goodwill and neighborliness of the American people, their generosity, and their genius for organization. This movement has paralleled an equally extensive development of official or tax-supported health services. As a result, there is scarcely a part of our country today which does not benefit from the effort to prevent disease or to control its ravages."¹

Because this study of voluntary health agencies is so truly what its sub-title, "An Interpretive Study," describes it to be and because its findings and suggestions have so much significance for the entire welfare field we choose to present the topic of voluntary health services through a review of that book.

¹ Gunn and Platt, *Voluntary Health Agencies*, New York: The Ronald Press; The material for our discussion of voluntary health agencies is taken from the Gunn and Platt study.

Gunn and Platt define a voluntary health agency as "an organization that is administered by an autonomous board which holds meetings, collects funds for its support chiefly from private sources, and expends money whether with or without paid workers, in conducting a program directed primarily to furthering the public health by providing health services or health education, or by advancing research or legislation related to health, or by a combination of these activities."² They arbitrarily exclude hospitals, institutions for the custodial care of the sick or handicapped, dispensaries, clinics and out-patient departments, and professional organizations of doctors, nurses, dentists, etc. Because the representatives of the principal national voluntary health agencies, coöperating as members of the National Health Council, recognized that there was overlapping and duplication of effort, Gunn and Platt and a staff were employed to carry on the study here referred to. They found over 20,000 voluntary health agencies with at least 300,000 board members spending some fifty millions of dollars annually, exclusive of the Red Cross. The latter organization in peace-time has an adult citizen membership of some five millions and in 1945 of some thirty-six millions. It has 3,757 chapters, 5,785 branches and from the beginning of the war to May, 1945, raised \$654,000,000.

The organizations studied represent three types, those concerned with: (1) specific diseases as tuberculosis, cancer, diabetes; (2) disorders of specific organs and structures as diseases of the heart, dental defects, loss of vision or hearing; (3) problems that affect the health and welfare of special groups as maternal and child hygiene, planned parenthood, mental hygiene. The authors had a difficult time arriving at a reasonable approximation of the number of voluntary agencies in the United States since they recognized that there are probably more than a thousand small local organizations unknown outside of their own community. Within the limitations imposed by their definition there were sixteen national agencies having 290 state or regional agencies and 20,248 city or county agencies of which over 9,000 units were the chapters and branches of the Red Cross. In order of number of units per agency, the list of organizations studied follows:³

Tuberculosis	3,031
Infantile Paralysis	2,615
Crippled Children	1,731

² *Ibid.*, p. 15.

³ *Ibid.*, p. 32.

Cancer	1,595
Public Health Nursing	1,393
Social Hygiene	164
Conservation of Hearing	158
Planned Parenthood	148
Child Health	56
Health Councils	49
Prevention of Blindness	28
Mental Hygiene	67
Diabetes	27
Heart Disease	27
Maternal Health	1

The study attempted to find out what state and local voluntary health agencies have contributed to public health and community welfare and how they can attain greater effectiveness in their respective fields. The study took two years. The sampling covered 569 voluntary agencies, 143 official agencies and involved over 1,100 personal interviews. Numbers of significant observations, suggestions, and recommendations were made, several of which we include here.

First. During the great changes of the past four or five decades the many voluntary health organizations have adapted themselves to changing conditions very unequally. They distribute the benefits of specialization without regard to coördination. They leave many gaps, and their diversity and overlapping have confused the public. They do not always give up or turn over established programs to public agencies. They lag in their attitudes toward social, economic, and cultural changes as illustrated by their tardy adoption of community planning and modern personnel policies, in their reliance upon old-fashioned educational methods, and in their negative reactions to organized labor.

Second. When health agencies fall short in their adjustment to changing conditions, the lag is generally due to the weaknesses of their executives and of their boards. The good executive and good board do not cling to activities that clearly belong to official agencies. Many executives and boards have not subjected their agencies to self-analysis.

Third. The national agencies occupy positions of great responsibility since state and local organizations look to them for technical information, advice, and encouragement. National organizations are spokesmen for their particular interests, but the advantages that come from concentrating on a limited objective are in a measure neutralized by restricting the interest of each organization to a single

disease or organ. These individual interests interfere with the common purpose of improving the public health. The authors of the study quote from a 1919 address of Dr. George E. Vincent, then President of the Rockefeller Foundation, on "Team-Play in Public Health." He said, "Administrative team-play is essential; the health of a community is, after all, not a group of special interests. It is essentially a single interest with different aspects. To exalt one of them, to get it out of focus, and to urge it at the expense of other essential factors, is unscientific, wasteful, and misleading. Only as the essential unity of the past is recognized and as those who represent different phases work together in constant conference and in accordance with a comprehensive program, can the best results be achieved." ⁴

To achieve team-play and unification, the National Health Council was formed in 1920 with ten voluntary national health agencies as active members and the United States Public Health Service as an advisory member. The failure of this organization to achieve its original goal and the interest of some of its members in an evaluation of its functioning contributed reasons for this study. Platt and Gunn concluded that unification seems to the national organizations so fraught with uncertainties that the boards of the organizations are not likely in the predictable future to take any steps in that direction. Nevertheless, considerations of logic, economy, efficiency, increased influence and leadership, great public understanding and financial support, point to the need of a national, departmentalized organization with overall planning. In the absence of that possibility steps should be taken to get better executives and boards, to develop a nation-wide coherent plan of popular health education, to cooperate with national welfare agencies in planning processes, to determine the desirability of unification of health agencies at the state and local levels by experimentation.

Fourth. The fifteen national health agencies considered, in 1944, had about ten and a half million dollars in receipts. The closest possible estimate of the sums contributed to voluntary health agencies in the fields represented by the national agencies and including their headquarter's income was \$48,100,000. These figures do not include that portion of \$200,000,000 contributed to the American Red Cross which is devoted to civilian health. The four national agencies which have special money-raising devices, the American Cancer Society, the National Society for Crippled Children, the Na-

⁴ *Ibid.*, p. 184.

tional Foundation for Infantile Paralysis and the National Tuberculosis Association had receipts of over six and a half million dollars, while the other eleven took in only about four million dollars.

The authors believe that the extent of some of these diseases does not justify the huge funds raised. For example, the extraordinary growth of the *March of Dimes* for infantile paralysis is probably not justifiable. In 1941 the public contributed about two million dollars and in 1945 about fifteen million. In the great infantile paralysis epidemic of 1916, 27,000 cases were reported. In 1944, the next worst year, 19,000 cases were reported. Fatalities average about five per cent. The average number of new infantile paralysis cases each year is about 6,500. By contrast, there are 165,000 deaths annually from cancer, and there are believed to be about 600,000 cancer cases throughout the country. The annual deaths from diseases of the heart number 426,000. The Easter Sale by the state chapters of the National Society for Crippled Children begun in 1934, raised in 1944 over one and a half million dollars. The National Tuberculosis Association and its units raised close to fifteen million dollars in 1944, even though deaths from tuberculosis have been reduced annually from over 200 to 40 per 100,000 population.

The authors ask:

Can the whole private health movement be well served when two voluntary health movements, fighting two diseases, obtain from the public twenty-six million dollars in one year, while very many other public health dangers of greater individual or collective importance must be combated by all the other voluntary health movements with only a small fraction of this amount? ⁵

In partial answer to this question, the authors suggest that the only practical means by which voluntary health agencies can obtain support that is adequate and which at the same time is related to their particular programs, is through pooling of their fund-raising efforts. Without waiting for a complete realization of this objective, the eight national agencies without special fund-raising devices should pool their appeals. The two agencies with specially effective money-raising methods should broaden their fields of interest and service. The preparation of a single combined health-agency budget for the country should be attempted with every city, town, village, and county having its fair quota.

Fifth. The American Red Cross which is the greatest single voluntary organization in the world will undoubtedly be engaged, say the

⁵ *Ibid.*, p. 216.

authors, in new public-health activities in the post-war period. The success of the efforts of this organization will depend on its community approach, its coöperative attitudes, its willingness to be one of a team and to do those things it is best equipped to do.

Sixth. To make the fullest use of the great resources of volunteers there should be more deliberate planning of assignment to tasks, rotation in assignment, better supervision and training on the job, and systematic plans for the assumption of more responsible functions.

Seventh. Many communities need and are ready for one centralized, unified, voluntary health agency with one board and one executive with special committees to direct the work of special divisions such as those for tuberculosis, visiting nursing, and mental hygiene. Experimentation should be made in this direction.

The study concludes with several recommendations for the revitalizing of local voluntary health agencies by means of:

1. Searching self-analysis.
2. Concentrating on the task of strengthening executive and board leadership.
3. Effecting coördinated health planning.
4. Simplifying and unifying appeals for public support.
5. Transferring appropriate activities to the official agency.
6. Recognizing the primary position of leadership of the official agency and exerting influence to strengthen such leadership.

Several of these proposals require community planning, the next topic for discussion, and are just as applicable to all welfare agencies as to voluntary health organizations.

Clearly there will be doubts in the minds of many health experts as to the soundness of some of the author's interpretations of their findings. Obviously there is great difference between national organizations and between local agencies in their willingness to slough off old and well-accepted services, to modify their campaign methods or to share the results with other agencies or programs, to become a *part* of a comprehensive national or community health program rather than to be *the* most important single agency in a given area of medical practice. All up-and-coming voluntary agencies, boards and workers alike, will welcome the jab on the subject of private agency tenacity in holding onto functions which might better be turned over to official agencies. Private agencies like individuals can be guilty of just simple old-fashioned jealousy! Every person involved in community planning will recognize the applicability of many of

the suggestions and proposals for the whole welfare field as well as for the health field.

Community Planning. Probably every adult American has some knowledge about and has had some exposure to both official and voluntary public-health organizations. The multiplicity of services and appeals in the public-health field confuses him in the same way that he is baffled by the numbers of resources and requests for money in the whole welfare field. Community planning is implicit in the situation. As a matter of fact, at least on the local level, more effort to integrate and correlate health services as well as welfare services has come from those people interested in community chests and councils than from organizations of medical people. This dogmatic statement is borne out by the remarks of an illustrious teacher of medicine who has been superintendent of a state teaching hospital and a member of the state board of public welfare. "It is unfortunate," said he, "that leadership in those phases of human welfare affected by good and bad health has not been forthcoming from the medical group. In how many communities do we find doctors and their organizations concerned about institutional conditions, treatment of mental cases, the newer aspects of public health?" He said this informally at a joint meeting of the health, welfare and recreation councils of a local community chest. It is through such organizations as the various kinds of councils that representatives of all groups, including the medical profession, can participate in the planning for and coördination of health and welfare resources.

Resources for Service Men, Veterans, and Others. World War II brought new public-health problems and exaggerated old ones. The great expansion of war industry meant that millions of inexperienced workers, especially women, who were physically unprepared, rushed into industry; that the use of new materials and crowded working conditions increased hazards; that poor sanitary and housing conditions produced health problems. The war was responsible for a dangerous shortage of physicians and nurses for civilians. In reverse, it caused great research and treatment interest in such illnesses as tropical diseases. Always in the past when there has been a war, there has been an outbreak of epidemics. This was not the case in the United States during the past war nor was it true to the same extent as in other wars in the devastated countries.

The problem of venereal diseases always increases in wartime. The May Act which provided that under some conditions prostitution constituted a federal offense in areas around camps, was seldom

invoked—in fact only twice.⁶ The existence of the law, however, did strengthen the program for control of venereal diseases. Within the Office of Community War Services of the Federal Security Agency was the Social Protection Division. It had a sizable staff which worked with local communities and agencies to help in the development of community programs for venereal-disease control.

The findings on examination of millions of men focused attention on the unavailability of medical resources. The figures indicate that for one reason or another 52.8 per cent of the male population of the ages 21 to 36 inclusive, were considered unfit for military service. Of those examined, 8.8 were rejected because of dental defects, 6.2 because of eye defects, 5.5 because of nervous and mental disorders, 5.3 for cardio-vascular conditions, 2.0 because of tuberculosis and lung diseases and 3.1 for venereal diseases. Not all of these conditions were serious, and many of them were remediable, but they serve as an index of the extent of physical problems among our young male population. They show the need for more extensive planning for the early discovery and treatment of physical conditions.

In order to increase the morale of enlisted men and to provide for their families, liberal legislation was enacted for wives, children, parents. Among these provisions was one that afforded wives of men in the first six grades of service free maternity service and care for their children during the first year of life. The service was administered by state health departments and financed by grants dispensed through the Children's Bureau. It included medical, nursing, and hospital care. The American Red Cross, the Army Emergency Relief and the Navy Relief Society gave service and funds to the families of enlisted men which meant that medical care could be made available.

Governmental responsibility for the family of the man who dies in service is assumed through a death gratuity and a pension. Men who have been wounded are retained in army and navy hospitals until ready for release to civilian life or for transfer to Veteran's Administration Hospitals. Those with a service-connected disability of more than 10 per cent are entitled to hospital treatment, domiciliary care, and vocational rehabilitation.⁷

⁶ Kathryn Close, "In May Act Areas," *Survey Midmonthly*, Vol. LXXIX, No. 3, March, 1934; Public Law, 163, 1941.

⁷ Elizabeth Wickden, "Service Men and Veterans," 1945 *Social Work Year Book*, pp. 393-403; Harry S. Mustard, "Public Health," 1945 *Social Work Year Book*, pp. 328-340; Willard Waller, *The Veteran Comes Back*, New York: The Dryden Press, 1944; George K. Pratt, M.D. *Soldier to Civilian*, New York: McGraw-Hill Book

Among the newer services for veterans are community referral centers. Several hundred communities have attempted to prevent "the-run-around" for servicemen with their myriads of service-connected problems. It is not the intent of these centers to provide counseling services on social, psychological, and health problems. When there are such, the men are presumably referred to the appropriate agency. The primary purpose is to advise with the men on where they may obtain specific services for needs related to war service. Some social workers hope that veteran referral centers will become sufficiently rooted in the community so that they will be able to enlarge their services to include anybody wishing referral to a specific health, welfare, or recreational service.

It is the intent of every American that his fighting men and their families shall be reasonably compensated for their sacrifices. It is therefore legitimate to assume that the post-war years will bring many liberalizations in the laws affecting these persons, particularly in the area of medical care. The peak in the medical needs of servicemen will not come for a generation.

Medical Social Work. The war brought about an increase in demand for medical and psychiatric social workers. To meet the problem of a high rate of discharges from the armed forces for neuropsychiatric reasons, the Selective Service in 1943 inaugurated a program to obtain health, social, and educational histories of registrants. It was realized that social workers are most experienced of any group in obtaining this kind of information, so several thousand professional social workers including medical and psychiatric case workers were employed in volunteer or paid capacity to gather the desired data.

The demand for medical social work from military hospitals, from a number of emergency-medical-care programs, and, since the war, from rehabilitation agencies was great. The Red Cross employed many medical social workers both for continental and overseas Army and Navy hospitals. The emergency maternal-and-infant-care program of the Children's Bureau for the wives and infants of men in the armed forces, the war-related programs for merchant seamen, programs for Japanese-Americans in War Relocation Centers, and for patients in rapid treatment centers for venereal disease, all reached out for medical social workers. A federal medical social consultant has been appointed to work with the chief medical officer of

Company, 1944; Dixon Wecter, *When Johnny Comes Marching Home*, New York: Houghton Mifflin Company, 1944.

the Office of Vocational Rehabilitation, Federal Security Agency. This office, in developing its new physical restoration services for civilians and veterans, plans similar medical-social consultants at the state level. Expanded medical social services under the rehabilitation program of the Veteran's Administration are also anticipated.

This specialized type of social case work developed originally in relation to the practice of medicine in hospitals. In its early years it was largely direct case-work service to individual patients. The depression of the 1930's and World War II stimulated a demand for medical social workers to function as consultants to administrators, social workers, and nurses in relation to large numbers of patients. When the medical social worker functions in this capacity, it is her duty to help these groups understand the social aspects of illness and to advise in regard to treatment resources. The crippled children's program and the maternal and child health services of the Children's Bureau and also the program of the Bureau of Public Assistance of the Federal Security Agency, all have their medical social-work consultants. It has been exceedingly difficult to meet the personnel needs of these expanding programs owing to dearth of competent workers. The need will undoubtedly continue for a long while and furnishes a challenging outlet for young social workers.⁸

The Social Insurances. A steadily mounting interest in the economic aspects of medical care has developed in the last generation. The first organized attempt to promote health insurance in the United States was made between 1913 and 1915 by the American Association for Labor Legislation. The National Committee on Social Insurance of this organization, with the help of a committee of the American Medical Association, prepared a standard bill for cash, medical, maternity, and funeral benefits. By 1917 several states had set up investigating commissions, some of which reported favorably on the subject. By the end of 1918 the health insurance movement was badly crippled, due to the opposition of the organized insurance business, fraternal orders, druggists, drug manufacturers, the American Federation of Labor, and the American Medical Association.

One authority writing on the subject of *Sickness and Insurance*

⁸ Harriett M. Bartlett, "Medical Social Work," 1945 *Social Work Year Book*, pp. 262-267; Harriett M. Bartlett, *Some Aspects of Social Casework in a Medical Setting*, Chicago: American Association of Medical Social Workers; Thornton and Knauth, *The Social Component in Medical Care*, New York: Columbia University Press, 1937.

made this statement: "The success of the opposition to the proposed legislation was due more to self-interest, to fear, to misunderstanding, to wilful misrepresentation, to the charge that it was German, and to the fact that the country had not been prepared by investigation and discussion for a system of health insurance, than to any of the weaknesses in what was proposed."⁹ No longer can it be said that there has been no investigation and discussion. A brief review of several of the significant developments in this field seems relevant at this point.

First. The Committee on the Costs of Medical Care, which was established in 1927, gave impetus to the movement for protection against the hazards of sickness and the costs of medical care. It comprised some fifty physicians, health officers, social scientists, and representatives of the public. It employed a distinguished research staff whose expenses were borne by several foundations. Its findings were far-flung and proved that the unpredictable incidence of sickness and its uncertain costs create a financial problem for self-supporting families of moderate means as well as for those near or below the poverty line. About a sixth of our people annually have high sickness bills to meet.

Agreement on recommendations apparently could not be reached by so diverse a group and a majority report, two minority reports, and individual statements by two members resulted. There was agreement on many things among which that there was need for: (1) a substantially larger volume of medical services; (2) an extension of public-health medical services to rural areas; (3) better geographical distribution of medical services; (4) better control over quality of medical services; (5) modification of prevailing methods of paying for medical services; (6) separation of insurance plans for medical care and for certification of insured persons for sickness benefits. The majority favored placing the cost of medical care on a group-payment basis through voluntary insurance or taxation or both. A number of doctors objected to this proposal whether the insurance was voluntary or compulsory. The Committee Report has been widely studied, and despite the attacks by the American Medical Association, its recommendations have played an important part since 1932 in shaping public opinion.¹⁰

⁹ Harry Alvin Millis, *Sickness and Insurance*, Chicago: University of Chicago Press, 1937, p. 121.

¹⁰ *Medical Care for the American People*, the Final Report of the Committee on the Cost of Medical Care, Chicago: University of Chicago Press, 1932; I. S. Falk, "Medical Care," 1941 *Social Work Year Book*, pp. 326-338.

Second. Voluntary health-insurance plans are of two types: Those conducted for profit and those operated on a non-profit basis. The former is commercial insurance and does not concern us here. It should be said, however, that low-income groups do not take advantage of commercial hospital and medical-care insurance in sufficient numbers to eliminate the need for non-profit health-insurance measures. For purposes of clarification, two distinctions should be made at this point: (1) health insurance schemes are intended to furnish general or special medical or hospital care, and disability insurance to provide an income during periods of unemployment due to disability; (2) medical care or disability insurance schemes are carried on with and without legislation.

Voluntary health-insurance plans of numbers of industries and sick-benefit plans of fraternal societies, unions and employees mutual-benefit associations have a long history in the United States. It was not until 1933, however, that voluntary health insurance became a social movement when the American Hospital Association approved the principle of hospital insurance as a possible solution of the distribution of the costs of hospital care. By the end of 1943 there were seventy-seven plans meeting the standards of the Hospital Association with some fourteen million members. Those plans approved by the Hospital Service Commission of the American Hospital Association are called Blue Cross plans.

Voluntary plans covering general medical care as well as hospital charges have increased in recent years, some on the initiative of physicians, others on that of consumers. Examples of those started by doctors are the King County Medical Service Bureau of Seattle, the Ross-Loos Clinic of Los Angeles, and the Milwaukee Medical Center; examples of those initiated by the consumer are the Co-operative Hospital Association, Elk City, Oklahoma, and the Group Health Association, Washington, D.C. The rapid development of these clinics brought strong opposition from the American Medical Association. The attack upon the Group Health Association of Washington, which was originally made up of the employees of the Home-Owners Loan Corporation, attracted nation-wide attention.

Legality of the Group Health Association was assailed by the American Medical Association and the District of Columbia Medical Society. They said the Group Health Association was engaged in corporate practice of medicine and was improperly engaged in the insurance business. A district court upheld the American Medical Association whereupon the medical associations refused the doctors

practicing in the group admission to the District Medical Society and the right to attend patients in the hospitals. In 1938 the Department of Justice brought criminal action against the two American Medical Association groups, two other medical societies, and eighteen individual doctors under the Sherman Anti-Trust Act. The lawyers for the medical associations argued that medicine was not a trade so that it was not within the scope of the Sherman Anti-Trust Act. The Department of Justice agreed that it was not a trade but that medicine has its economic side concerned with marketing its professional services and that the medical associations were not justified in conspiring to restrain the activities of the Group Hospital Association. Many technicalities intervened before the case was settled, but finally in 1943 the United States Supreme Court upheld the decisions of lower federal courts which fined the medical associations for restraining legitimate activity.¹¹

The legal scope of this opinion is limited since the Anti-Trust Act applies only to interstate commerce, but its moral effect is great since it tarnished the prestige of the American Medical Association leadership on this subject and gained national publicity for the whole cause of health insurance. Medical groups themselves are realizing that the American citizen wants more pre-payment medical care and so with or without legislation, they are encouraging and sponsoring experiments. Within the last few years at least fifteen state medical societies have approved voluntary health-insurance plans when under medical society control, and some eighteen plans, state-wide or local, have been started in fourteen states. The American Medical Association itself, on official record as opposing compulsory health insurance, is leaving active promotion of voluntary health insurance to the National Physician's Committee for the Extension of Medical Service. This committee does not urge plans sponsored by medical societies but promotes those operating through employers or insurance companies and dealing only with serious illness.

In a 1943 study, the Bureau of Research of the Social Security Board, summarized the characteristics of 219 plans for medical service in the United States. Some offer comprehensive service but many provide only a very limited type, mainly surgery and obstetrics for hospital cases. The report shows that over three and a half million persons are receiving part or all of their doctor's services by a pre-payment plan. In addition, there are 14 million members of Blue

¹¹ Michael M. Davis, "The American Medical Association Case," *Survey Graphic*, Vol. XXXII, No. 4, April, 1943.

Cross and other plans providing hospital service only and perhaps five million who benefit from private-insurance-company plans. The total number of persons belonging to these plans is less than the sum of all these figures since there is considerable overlapping of membership.¹²

Numbers of kinds of health-insurance plans have sprung up in the past five to ten years. A scheme like that developed by Henry J. Kaiser during the war did much to dramatize health insurance. In his great ship-building and other Pacific coast plants, he developed complete medical care through group practice at a cost to workers of \$25 to \$30 a year. In only a few instances do the Kaiser plans cover the worker's families. Other industrial group practice plans show costs from \$12 to \$30 a year for similar kinds of services, sometimes including workers' families.

Organized labor has slowly come to give more attention to medical-care plans. It is only just beginning to obtain representation on the governing boards of voluntary insurance plans. Increasingly it is demanding health and welfare clauses in its contracts with employers, and it now gives its support to federal bills for compulsory health and disability insurances.

A combination of voluntary pre-payment for medical care and tax subsidy plans has been employed by the Farm Security Administration as part of its rehabilitation program for farmers and agricultural workers. Federal funds advanced in the form of loans enable families to make payments into a common fund out of which expenses for medical programs are paid.

Disability insurance covering temporary and permanent disability is commercial except in Rhode Island. In that state the Cash, Sickness Compensation Act was passed in 1942. It covers all employers subject to the state unemployment-compensation law and provides employees earning up to \$3,000 with cash compensation for wages lost due to unemployment caused by sickness. Benefits are financed by employees' contributions of one per cent of the payroll. The only compulsory disability-insurance legislation in the United States is the provision of the states for workmen's compensation benefits for industrial accidents and in some states for occupational diseases.

Third. In 1935 President Roosevelt appointed an interdepartmental committee to coördinate health and welfare activities which

¹² Margaret C. Klem, *Prepayment Medical Care Organizations*, Social Security Board, Bureau of Research and Statistics, Memorandum No. 55, 1943; Michael M. Davis, "Medical Care," 1945 *Social Work Year Book*, pp. 252-262.

was made up of the chairman of the Social Security Board, and the Assistant Secretaries of Treasury, Labor, Agriculture, and Interior. This committee submitted to a National Health Conference proposed by President Roosevelt and held in Washington in 1938, five recommendations, one-half of the costs to be borne by the federal government. They are as follows:

1. Eradicate tuberculosis, venereal disease, malaria; control mortality from pneumonia and cancer; promote mental hygiene; make available medical services to mothers and children of all income groups in all sections of the country.
2. Provide 360,000 beds in tuberculosis, mental, and general hospitals in rural and urban areas and construct 500 health and diagnostic centers.
3. Through federal grants-in-aid, implement the provision of public medical care for two broad groups:
 - a. those for whom local, state, or federal governments have already accepted responsibility under provisions of the Social Security Act, through work-relief, or through general-relief programs;
 - b. those who are able to obtain their own food, shelter, etc. but who are unable to procure necessary medical care.
4. Reduce the burden of sickness costs by appropriate devices for their distribution among groups of people through a comprehensive program to increase and improve medical services for the population, supported either by general taxation or by specific insurance contributions from the potential beneficiaries, the rôle of the federal government to be that of giving financial or technical aid to the states.
5. Assure wage-earners continuity of income through temporary and permanent disability insurance.¹³

These recommendations expressed the official attitude of the New Deal toward public medical care at that time.

Fourth. The National Resources Planning Board established in 1939 by executive order of President Roosevelt for the purpose of collecting, preparing, and making available to him such data, and information as could be helpful to a planned national program, made a report in 1942 on *Security, Work and Relief Policies*. This report presented exhaustive data and numbers of recommendations on the subjects studied. Although it did not draw up detailed medical plans, the board's point of view is clear. It said "Immediate attention should be given to the design and effectuation of a definitive program for providing medical care under which the federal government would stimulate, assist, or undertake constructive action."¹⁴

Fifth, Wagner-Murray-Dingell Proposals. Several Wagner-Murray-

¹³ Thomas Parran, M.D., "Public Health," 1939 *Social Work Year Book*, pp. 331-343.

¹⁴ H. R. Document No. 128, Part III, 78th Congress, First Session, 1942, p. 520.

Dingell bills containing provisions for expanding the country's health services are the outgrowth of previous developments, some of the high lights of which we have just discussed. In 1939 Senator Wagner introduced a national-health-bill which incorporated the recommendations of the interdepartmental committee. There were extensive hearings on the bill but it was too strongly opposed by organized medicine to get far. At subsequent sessions of Congress, Wagner-Murray-Dingell bills containing comprehensive revisions and additions to the Social Security Act, have been introduced. Among the proposals of the bills, those having to do with increased health services include: (1) disability insurance during temporary illness at the same rate as unemployment insurance; (2) maternity insurance; (3) permanent disability insurance at the same rate as old-age and survivor's insurance; (4) health insurance with comprehensive physical and hospital services. The bills call for an equal contribution from employer and employee of 6 per cent of employee payrolls for all social-insurance benefits. The technical medical aspects are to be administered by the United States Public Health Service and the Surgeon General, the administrative aspects by the Social Security Administration. These bills have greatly increased public discussion, but Congress has as yet paid too little attention to them. In a special 1945 message to Congress, the first and only presidential message exclusively on the subject of health, President Truman urged that body to adopt a comprehensive and modern health program, including health insurance.

The main opposition to the health-insurance features of Wagner-Murray-Dingell bills comes from the American Medical Association, the state and county Medical Societies, insurance companies, and drug houses. The spear-head of the opposition has been the National Physician's Committee for the Extension of Medical Service, a body organized separately from the American Medical Association but officially approved by it. Funds for the committee's work have come mostly from doctors and from the drug business. This committee has circulated millions of copies of two pamphlets entitled "Political Medicine—You Can Stop It," and "Abolishing Private Medical Practice, or Prelude to Centralized Control of the Professions and of Industry." These pamphlets are profuse in misstatements. The first includes the following warning:

TWO THINGS TO REMEMBER

1. Political distribution of medical care would entail making a public record of the characteristics and the most intimate and sacred personal

relationships of each and every patient. The privacy of every human being would be invaded and violated. It can be imagined how the information might be used by the curious and the unscrupulous.

2. The effectiveness of medical care is wholly dependent upon the skill of the physician. The American doctor is a human being—a personality. He must be free to act as an individual. He should not be robbed of his freedom of action and decision. Bureaucratic direction would destroy the factor that is the secret of his effectiveness.

President Truman has endorsed a system to provide political distribution of medical care in the United States. However, the Congress will have to pass the laws that would introduce this alien and totalitarian system into this country.

WRITE A LETTER

Write a letter to your Congressman and your Senators. Be definite and direct—tell them what you think. Do it now—TODAY—before it is too late.

The second concludes its panic-mongering with this statement:

CONCLUSION

Under the American System, American medicine—American doctors—have developed the most effective and the most widely distributed medical care that has ever been provided for any comparable number of people anywhere at any time.

Free men—with fearless minds—progressively provide a higher and higher quality of medical care. This better and better medical care has been continuously more widely distributed and made more generally available. Many of the great historical killing diseases have been conquered. Most of the most deadly of the others are being brought under control.

Plans are being made and steps are being taken to bring to every American more effective medicines and medical procedures than were ever before known or imagined.

State medicine—political control of medical service—always has meant, always will mean, for the mass of people medical care through and by physicians who are politically amenable rather than by those with superior abilities and skills.

For the doctor State medicine means abject slavery; the necessity of catering to the ward committeeman or the precinct captain rather than to the needs of the human beings who are his patients.

TWO CHOICES

There are two choices:

1. Doctors can demand a continuation of the practice of medicine under the Christian concept of the sanctity of human personality—The American Way—with continuing progress in the science of medicine and the art of medical practice; or
2. They can refuse to be concerned and refuse to assume their part of the responsibility. The result will be the sacrifice of their medical heritage—becoming mere pawns of politicians—the forfeiture of self-respect and inevitable deterioration.

It is understood that, if the Medical Profession is regimented, it will represent a decisive step forward toward establishing centralized Federal control of all the professions and of all industry.

Support for the bills comes from organizations like the American Public Welfare Association, a private organization of public officials, the Committee of Physicians for the Improvement of Medical Care, the Physician's Forum, the National Lawyer's Guild, and a considerable number of individual doctors, liberal church groups, interested laymen, and social workers. The Social Security Board in its annual reports and in various documents presents facts upon which it makes recommendations which in turn have been incorporated into the Wagner-Murray-Dingell bills.¹⁵

CONCLUSION

In these last two chapters we have shown some of the stages through which medical care, public and private, has passed. During all these centuries of accumulating medical knowledge, countless millions have suffered and died because of superstition, charlatantry, and ignorance. It is still true that hoards suffer and die unnecessarily because of lack of funds to buy medical services, poor distribution of services, and personal ignorance.

In contrast with past centuries, we today have great storehouses of scientific knowledge about cause and treatment of disease and masses of population data about births, deaths, etc. We know many things today about which in earlier periods there was only guess, speculation, and superstition. We know the causes of many diseases and how to cure and prevent them. We know too, that many people cannot afford adequate medical care. The Social Security Board in 1944 reported that families with incomes of \$10,000 or over receive more than twice as many physician's calls as those under \$3,000 and also many more days of hospital care. Low-income families spend a greater proportion of their income on the costs of sickness than well-to-do families. In other words the percentage of illness which is without medical attendance declines steadily as income increases.¹⁶

The Board summarizes the prevailing medical and social situation as follows:

¹⁵ Annual Reports of the Federal Security Agency, Section V, Social Security Board, especially the 10th Annual Report of 1945.

¹⁶ *Need for Medical-Care Insurance*, Federal Security Agency, Social Security Board, Bureau of Research and Statistics, Bureau Memorandum No. 57, 1944.

1. The unpredictability of the individual case of illness leads to the unpredictability of the variety, amount, and cost of services and makes individual budgeting difficult or impossible for families of modest means.
2. The neglect of preventive measures increases the amount of serious illness.
3. A large proportion of the population is unable to pay for adequate medical services under the traditional methods of payment through fee-for-service at the time the services are rendered.
4. The competition between doctors' bills and other costs of medical care such as hospital and drug bills often result in the doctors receiving little payment, if any.
5. Many physicians are hesitant to propose consultations with specialists because they know their patients cannot afford to pay for them.
6. Many low-income families cannot obtain hospitalization.
7. Smaller and less prosperous communities are unable to provide adequate health and hospital facilities from their own resources.
8. Consequently younger physicians are reluctant to settle in places where they lack easy access to the facilities required by modern medicine.
9. Specialists must locate where hospital and laboratory facilities are available.
10. The long and expensive training of practitioners makes costs high and emphasizes the need for increased efficiency and economy in methods of providing services.
11. The need of professional persons to make a decent living causes them to concentrate in cities and leads to over-specialization because of the larger income of specialists.¹⁷

It is because doctors understand more about health and disease and students of social problems more about the effects of social and economic conditions upon personal health than ever before, that there is little legitimate reason for the present insufficiency and inadequacy of medical care. With all the knowledge available about medical treatment and with all the information accumulated on the costs of medical care, it seems incredible that doctors have provided so little leadership on the public aspects of medical care and to the movement for hospital, health, and disability insurance. Not only have relatively few given their influence to the securing of compulsory or voluntary health-insurance schemes, but most physicians through their mouthpiece, Dr. Morris Fishbein, have maliciously fought these efforts. It is to be hoped that an increasing number of doctors will feel embarrassment over the fact that their national organization, the American Medical Association, has battled individual physicians, in no way guilty of unethical or unproficient medical practice but

¹⁷ *Need for Medical Care Insurance, op. cit.*

only of participation in economic plans to make expert medical service available to more people. Despite the fact that individual doctors give vast amounts of free or low-cost services to individual patients, the layman cannot help feeling that doctors' reactions to "governmental interference with medical practice" are animated by selfish motives—fear of diminished incomes and reduced prestige.

Social workers more than any other profession, except the medical profession itself, see the extent of suffering and distress caused by physical and mental disease. There is no group more interested to see that comprehensive medical services are geographically and financially available. Perhaps it is because social workers appreciate the great contributions of modern medicine to human well-being that they are so eager for Congress and state legislatures to pass laws which will provide medical services to low-income groups, and perhaps for the same reason they are eager that the doctors themselves encourage this legislation.

EXERCISES

1. Point out several significant historical developments in the field of medicine.
2. Write a short biographical statement of some illustrious physician with special reference to his personality and his contributions to medical science. (Consult your Medical Library for materials.)
3. How do you account for the resistance of most physicians to public medicine?
4. Discuss the development of the ten kinds of services enumerated on pp. 296-297.
5. What is the significance of the Hospital Survey and Construction Act described on p. 299.
6. Compare the meanings of public welfare services and public health services.
7. What are typical functions of state departments of health?
8. *a.* What are some of the great contributions of voluntary health agencies to human welfare?
b. What are some of the faults of voluntary health agencies?
c. How can some of the inadequacies be eliminated?
9. How has medical social work adapted itself so as to serve large numbers of patients?
10. What was Henry Kaiser's war-time health insurance scheme? (Consult de Kruif's, *Kaiser Wakes the Doctors*.)
11. What was the New-Deal position on public medical care? What is the position of the Truman administration?
12. What do Wagner-Murray-Dingell bills propose regarding expanded health services?

13. What are the fallacies in the advertising of the National Physicians Committee for the Extension of Medical Service?
14. How does the Social Security Administration characterize the prevailing medical situation?

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Chapter XVI

SERVICES AND RESOURCES FOR THE MENTALLY ILL AND MENTALLY DEFECTIVE

HISTORICAL INTRODUCTION

A. In Regard to the Mentally Ill

We saw in the last two chapters on services and resources for health and disease that before medicine there was magic. The history of mental disease and mental defect has likewise gone through long periods when the supernatural explained cause and dictated methods of care. Deutsch in his important book, *The Mentally Ill in America*, makes this statement about primitive man and his attitudes toward physical and mental illness:

The explanation of disease is simple and all-inclusive; it may be brought on by a good "deity" or spirit as a punishment for some sin or slight; more often it is ascribed to an evil demon acting out of sheer malevolence. Sometimes it operates at a distance; at other times it actually enters the body of the intended victim and carries on its nefarious work from within. Disease thus becomes identified with a personal demon. If this theory could serve to explain physical disease, how much more reasonable must it appear to the untutored mind when applied to mental disorders, which manifest themselves in such awesome and mysterious forms. Obviously, the ascribed causes of disease in any age determines the methods adopted for prevention and cure. Since mental diseases, along with other forms of illness, are supernaturally induced, prophylaxis and cure are sought in magic.¹

Centuries ago, Hippocrates of Greece, not only laid the basis for the scientific treatment of physical but also of mental diseases. He ridiculed the idea that mental diseases are supernaturally induced. During the Greek period of culture progress was made in classification of mental diseases. For example, the relationship between mania and melancholia, anticipating Kraepelin's classification by nearly two thousand years was recognized; the difference between cerebral and spinal

¹ Deutsch, *The Mentally Ill in America*, New York: Doubleday, Doran and Company, Inc. 1937, pp. 1-2. This introductory historical statement is, in effect, a digest of the materials in Deutsch's book.

paralysis was pointed out; the symptoms of epilepsy, apoplexy, and hysteria were described. During this period the treatment of the insane was perhaps more humane than in any other era of history until Pinel struck off the chains from this group in 1792 at the "notorious hell-hole," the Bicêtre in Paris. It cannot be assumed, of course, that most of the insane were kindly or beneficently treated but only that some of the leaders of thought and practice sought rational and not supernatural explanations of mental illness. Certainly only the well-to-do received medical attention. Most of the population who were poor were left to nature although sometimes they were actually put to death.

Over the centuries, the lack of understanding of causation is indicated by the methods of treatment. A sixth-century Roman writer tells us that a patient who suffered from the delusion that his head had been cut off, was cured when the doctor put a leaden hat on his head which was so heavy that he was convinced he had a head. Another patient thought she had swallowed a serpent, so the doctor gave her an emetic and slipped a snake into the vomit basin and so convinced her she was cured. Treatment advocated for epilepsy included drinking the liver of a vulture and eating prescribed berries in August when there were certain conditions of the sun and moon. A favorite prescription for helping a lunatic was to beat him until he regained his reason.

A 1946 novel, *The Snake Pit*, describes the experience of a young woman in a mental institution. The title of the book derives from a sentence which calls attention to an historical method of handling the insane. The author comments that the ancient method of lowering the insane into snake pits, a method calculated to drive a sane person out of his wits, was scarcely designed to send an insane person into sanity.²

During the Middle Ages the physician "surrendered his art to the priests" and "the natural therapy of earlier centuries was succeeded by a superstitious mixture of astrology, alchemy, and a retreat to theology, magic rites, and exorcism with the accompanying belief in demoniacal possession."³ Healing wells and shrines were scattered over Europe, the most famous being at Gheel in Belgium. Today it is a world-famous center where the mentally ill receive care in families. Some monasteries gave refuge to lunatics. They were probably being treated in Bethlehem Hospital, London, in the 1300's. In later

² Mary J. Ward, *The Snake Pit*, New York: Random House, 1946.

³ Deutsch, *op. cit.*, p. 12.

centuries, Bethlehem under its corrupted name, Bedlam, became a synonym for cruelty to the insane.

The first European asylum exclusively for the insane was built in Spain in 1408. Numbers of others were established in Europe in the sixteenth century. In these hospitals, treatment consisted of ceremonial rites and severe chastisement. When we realize that the western world of the middle centuries was dominated by a theological theory of conflict between two forces, good and evil, light and darkness, God and Satan, we can understand a little the savagery of the church in its attitudes toward the well, who were sinners, or toward the sick, including the mentally ill, who were thought to be possessed.

This conviction that the insane were bewitched or infested by devils extended beyond the Middle Ages through the Renaissance and into the eighteenth century. The records of witch trials show that a large percentage of those accused, convicted, and treated by the methods of burning at the stake, the rack, and the gallows, were victims of dementia praecox, manic-depressive psychosis, paranoia, etc., accompanied by guilt delusions with overwhelming desires for expiation.

The belief in witchcraft and possession by demons was widespread in Colonial America. It reached its climax in the Salem witchcraft mania of 1692. The name of the clergyman, Cotton Mather, is identified with this craze. He firmly believed in the reality of diabolical possession, and to him it was only right that twenty-two Salem lives should be sacrificed. The hysteria of the public, fomented by the fanaticism of some of the clergy, rose to its greatest height in these trials. People began to come to their senses, and in 1693 the governor of Massachusetts Colony issued a proclamation releasing about 150 persons confined on witchcraft charges.

The mentally ill in prosperous families were usually cared for in their own homes. If violent they might be confined in attics, cellars, kennels, or outhouses like wild beasts with little or no attention paid to their warmth, comfort and cleanliness, on the theory that they could not feel as humans so they did not suffer like humans. The lot of the dependent insane was even harsher. The violent insane were usually treated as criminals who must be punished and the harmless as paupers who must be repressed. The criminal insane were treated no differently. Jails, workhouses, and almshouses, were the institutions into which the dependent insane were thrown. Medical treatment was practically unknown.

Occasional advocacy of changes in methods of treating the insane

began in the eighteenth century. This came about as a result of a change in prevailing philosophy. The age of reason, the period of enlightenment when "the proper study of mankind was man" was being born. Exponents of the new theories proclaimed that ignorance was the cause of human misery. In the fields of health, criminology, relief, and general welfare, advocates of reform made their appearance. For example, in 1756 when the Pennsylvania Hospital, the first general hospital in America, was completed, cellar quarters were provided the insane. For the first time a public institution received the insane as patients and not as criminals or paupers. In 1773 Virginia built the first American asylum exclusively for the mentally ill. Not for fifty years was another separate institution for the insane erected, until in 1824 one was opened in Kentucky.

During the latter half of the eighteenth and the first half of the nineteenth centuries, several distinguished figures came upon the scene. In 1783 Dr. Benjamin Rush joined the staff of the Pennsylvania Hospital. He had a wide range of interests. He advocated free public schools for the poor. He and others succeeded in having the death penalty in Pennsylvania abolished for all crimes but first degree murder and brought about improvement in treatment of imprisoned poor-debtors. He was the first American teacher to conduct a course in the study of mental disease; he wrote the first general treatise in America on psychiatry; he was the first American physician to offer a systemization of the subject. He used many devices and methods that seem cruel to us but were intended for cures. His "tranquilizer" consisted of a chair to which the patient was strapped head, hand, and foot. It was intended to reduce the pulse-rate, thus lessening motor activity! His "gyrator" was a modification of a circulating swing which rotated at great speed, causing the blood to rush to the head thus producing a result opposite to that of the tranquilizer. Despite these anomalies his interest in the mentally ill was scientific and humane, and he accomplished many reforms.

In Paris similar developments were occurring. Pinel was appointed physician to the Bicêtre for male lunatics and to Salpêtrière for female lunatics. He struck off the chains of the unfortunate patients and started a régime of kindness and sympathy. In England William Tuke was working against the prison-like conditions of Bethlehem Hospital in London and the lunatic asylum of York. He achieved the building of a retreat or quiet haven for the mentally ill at York.

In the United States numbers of states were building institutions

or hospitals for the insane which in some measure utilized the improved methods advocated by Rush, Pinel, Tuke, and others. But the dependent insane continued to be dumped into jails and almshouses. Not until Miss Dorothea Lynde Dix of Boston became aroused over the kind of care provided by these institutions was there any widespread reform of conditions.

This New England woman gained her interest in the insane quite by accident. One Sunday she taught a Sunday-school class of women in the East Cambridge jail. She was shocked by conditions, especially those affecting the insane whom she found locked up in rooms with no heat although it was dead winter. For forty years after this incident she journeyed through the country carrying on her missionary efforts for the humane treatment of the insane.

Immediately after her experience at East Cambridge Miss Dix set out to find whether local conditions were typical. When she found they were, she planned her campaign. She accumulated her incontrovertible data in a little notebook, a process so familiar to social workers! She secured the support of people like Samuel Gridley Howe, Luther V. Bell, and Horace Mann. In time the Massachusetts legislature passed a bill calling for enlargement of the state hospital for indigent insane. This process she carried all over the country, and by the time of her death in 1887, she was directly responsible for founding or enlarging thirty-two mental hospitals in the United States and abroad.

Dorothea Dix's greatest disappointment and most overwhelming defeat was caused by the action of one man, the President of the United States. The most courageous and ambitious project of her life was the effort to secure the 12,225,000 Acre Bill. Millions of acres of federal land were being given to the states for education and public works. Why not give some for the benefit of the mentally sick? Her memorial to Congress, telling the facts she so well knew and petitioning that body to grant land to the states for the benefit of the insane, is an historic document.⁴ After several sessions both houses of Congress passed the bill with a considerable majority when the incredible happened. President Pierce vetoed the bill. "If Congress have power," he said, "to make provision for the indigent insane without the limits of the district (District of Columbia), it has the same power to provide for the indigent who are not insane; and thus to

⁴ For easy access to extracts from this memorial, see Sophonisba Breckinridge, *Public Welfare Administration*, University of Chicago Press, 1938, pp. 195-221.

transfer to the Federal Government the charge of all the poor in all the States."⁵ In other words, no power that may be abused, should be permitted to exist!

The New England spinster had to face another tragedy. In the last years of her life she returned to some of the institutions which she had helped to change and found many old abuses returning. She was forced to recognize that the memory of the public is short-lived and that continuity of interest is maintained by relatively few. Despite the ups-and-downs of her efforts, she left behind her a contribution to human welfare rivaled by few Americans.

During the nineteenth century, the ideal of institutionalization for the care of the insane prevailed. Dorothea Dix contributed to its realization. Custodial care rather than cure, except as healing resulted from humane care, was the dominant idea. The main emphasis was upon the mechanics of institutional arrangement rather than upon personnel, organization and administration, and methods of therapy. This was true of the Original Thirteen, a group of medical superintendents who in 1844 formed the first national society for medical men in the United States and which exists today as the American Psychiatric Association. These men gave their attention primarily to institutional problems although they were also interested in organizing psychiatric knowledge.

In the latter part of the nineteenth century there were heated arguments among authorities concerning the relative values of state hospitals or local asylums for the care of the chronic insane. Proponents of central state hospitals believed that even though the population might be in the thousands, these institutions could render better medical care than small local institutions. Advocates of local institutions argued that the chronically ill primarily needed custodial care and availability to friends and relatives. The former theory is identified with developments in New York and most other states; the latter particularly with Wisconsin but also with Pennsylvania, Iowa, and New Jersey. Paralleling the interest in state and local institutions was concern for the removal of the dependent insane from all almshouses and for some degree of state supervision over every public institution housing all classes of persons needing care, including the mentally ill.

Although the building of special institutions was the primary development in the treatment of the insane in the nineteenth century,

⁵ For easy access to President Pierce's veto of Miss Dix's bill, see Breckinridge, *op. cit.*, pp. 221-231.

there was also interest in other aspects of treatment. For example, the Original Thirteen and all other mental doctors were confronted with the relative values of restraint or non-restraint. Doctors with advanced medical and psychiatric knowledge believed in the values of non-restraint. Neurology or neuro-psychiatry and psychiatry were expanding bodies of knowledge. The former has been defined to mean the medical specialty that deals with the nervous systems and its diseases, while psychiatry concerns itself with the study and treatment of personality disorders.⁶ In other words, both physiological and psychological origins of mental disease were the foci of attention. By the twentieth century, the practice of psychiatry was being taken into the community through clinics and private practice.

The writer does not conceive it to be her function in this book to describe underlying psychiatric theories influencing treatment of the mentally ill, whether those with psychoses or neuroses, or whether for patients in or out of institutions. We shall, however, briefly refer to three important twentieth-century developments in the prevention and treatment of mental disorders. They are: (1) the contributions of Freud and others; (2) the growth of the mental-hygiene movement; (3) the acceptance of psychiatric social work.

1. Freud was by no means the first to recognize the importance of emotional factors in individual adjustment; that each psychic event has a natural or genetic history; that all behavior is purposive; that organization of personality occurs as a result of the interaction of environment and heredity, especially as a result of family relationships. The significance of his contribution to psychiatry lies in the fact that he organized a theory composed of numbers of hypotheses, into what he called psychoanalysis and that he evolved a successful therapy based upon this philosophy. Many social workers make extensive use of the theories and techniques of Freud. His theories of psychoanalysis when introduced into this country at Clark University in 1910, met with terrific opposition. He had worked with Charcot and Bernheim, using hypnosis as a method of cure. He discarded this method and substituted that of free association which requires that the patient, through the talking-out process, bring back to consciousness forgotten or repressed events. He formulated the theory that the unconscious is a dynamic factor always demanding expression; that the sex life of the individual begins in infancy; that the most significant factors in mental and nervous illness are to be found in disturbances in the erotic sphere. He believed that most mental disorders,

⁶ Deutsch, *op. cit.*, p. 276.

particularly the psychoneuroses, are due to repressed emotions dating back to early childhood. The interpretation of dreams and the use of free association are keys to the unconscious.

Freud's theories of psychoanalysis together with the modifications of his contemporaries and successors, Rank, Adler, Jung, Meyer, White, and many others have made three major contributions to psychiatry and also to social work. (a) Psychoanalysis is a tool for treating certain mental and personality disorders, (b) it is a method of research into mental processes; (c) it is a theory of human personality.⁷ Many persons with neurotic tendencies or with neuroses have been helped by the methods of psychoanalysis. Psychiatry and social work are among the fields which have assimilated numbers of psychoanalytic theories regarding personality.

2. The mental-hygiene movement owes its origin to Clifford Beers. Born in New Haven, Connecticut, in 1876, he graduated from Yale in 1897. Three years later he became mentally ill. For several years he had been obsessed with the idea that he was going to be an epileptic as had an older brother. So overwhelming did this fear become that in June of 1900 he attempted suicide in the delusion that he was an epileptic. He was forced to spend several years in three different mental hospitals—one a private profit-making institution, another a private non-profit-making institution, and the third a state hospital. In all three he was treated cruelly. He was imprisoned for long periods, put in a strait-jacket for as long as twenty-one consecutive nights, beaten and spat upon by guards.

In 1903 when Beers, a well man, came out from his institutional experiences, he decided to help bring about reforms in the care of the mentally ill. In 1907 he published *A Mind That Found Itself*, the story of his institutional life. The book contains his proposals for a program. He was convinced that many mental diseases are not only curable but also preventable. He outlined a plan for the establishment of a national society for the purpose of initiating and furthering reforms in the care and treatment of the mentally sick, for disseminating information, for encouraging and carrying on research, and for the creation of services for the prevention and treatment of mental diseases. In 1908 the National Committee for Mental Hygiene was established. Dr. Adolf Meyer suggested the use of the phrase *mental hygiene*, a term coined in 1843 by Dr. William Sweetster who wrote a book under that title.

The National Committee for Mental Hygiene is the primary organ-

⁷ *Ibid.*, Chapter XXI, "Towards Mental Hygiene."

ization in the United States today for carrying on the activities originally outlined by Beers in 1907. It has done much to promote child-guidance and other mental-hygiene clinics, improvements in institutional care, understanding of mental illnesses, and the absorption of psychiatric principles into the practice of social work and other professions. In essence its purpose is two fold. (1) as a part of the public health movement, it aims to prevent disease; (2) as a part of the educational movement, it aims to teach people how to accept reality and themselves.

World War I gave great impetus to the interest in mental hygiene. Since no adequate method of selecting draftees had been adopted, many men developed psychoses or neuroses. In 1918 General Pershing was so concerned at the magnitude of the problem that he urged the elimination of psychotic soldiers from replacement troops. The absence of a good induction program resulted in a serious post-war situation when three out of every five beds in the seventy-five veteran's hospitals were occupied by patients with mental or nervous disorders, at an average cost to the taxpayer of more than \$30,000 per patient. The National Mental Hygiene Association did much to spread knowledge of these conditions and to encourage research and special education of doctors.

3. Psychiatric social work developed in the early part of the twentieth century as a method of looking after people released from mental institutions. Forces within psychiatry and social work were pulling the two together.⁸ Psychiatrists felt the need for social workers who could interpret environmental factors to them and who could help in the social adjustment of patients. Social workers were realizing that environmental changes did not always improve personality disorganization. So they turned more and more to psychiatry for help in treating emotional disorders. "To many social-work leaders, casting about for a methodology, the solution presented itself in a very simple formula: Mental hygiene was mainly interested in developing healthy personalities. Social case work, as defined by its leading exponent (Mary Richmond), was mainly interested in developing healthy personalities. Things equal to the same thing, are equal to each other. Q.E.D." ⁹ It took some time before social workers realized that there were differences in function between the two professions of psychiatry and social work.

The National Committee for Mental Hygiene which appreciated

⁸ *Ibid.*, pp. 318-323.

⁹ *Ibid.*, p. 320.

the contributions of social work to treatment of the mentally ill did much to stimulate training for psychiatric social work and for the absorption of psychiatric principles into social work practice. This organization was responsible in 1918 for the opening at Smith College of the Training School for Psychiatric Social Workers. Today all schools of social work give one or more courses in psychiatry for social workers.

B. *In Regard to the Mentally Defective*

Attitudes toward the mentally defective and methods of treating them have gone through many of the same stages as for the mentally ill. The mentally deficient include, (1) the feeble-minded in whom additional criteria of inadequacy are found, inclusive of *social failure*, and (2) the *intellectually subnormal* comprising those in whom low intelligence quotients are not necessarily associated with additional criteria of inadequacy.¹⁰ Until recently the idiot or "natural fool" and the feeble-minded were synonymous. Today we classify the feeble-minded as idiot, imbecile, or moron.

Like mental illness, mental defect has often been associated with the supernatural. Infanticide represented a way of getting rid of the feeble-minded who were socially unfit. Sometimes the mental defective was treated with especial kindness since he was blessed by the gods and again he was treated with malevolence since he was a child of the devil. Shakespeare's plays are filled with illustrations of the idiot who acted as court jester or entertainer. Charley McCarthy's rival, Mortimer Snerd, is an illustration of present-day use of the mentally deficient motif to induce laughter.

The feeble-minded do not seem to have suffered the extreme persecutions of the mentally ill, especially during the witch-hunting period, but their fate has not been a happy one. Improvement in their care began with increase in knowledge regarding causation, treatability, and educability. It was not until 1848 that the first state institution for the feeble-minded was opened in Massachusetts. It occupied a wing of the Perkins Institution for the Blind. Dr. Samuel Gridley Howe was director of the whole institution. A wave of constructing separate institutions for this group spread over the country. As in the case of institutions for the insane, too much was expected of them. They were founded on the theory that most feeble-minded children could be trained so as to be self-supporting citizens in the

¹⁰ *Ibid.*, p. 332.

community. They were to be schools and not custodial institutions. It was only a matter of time until observers realized that, although many feeble-minded could benefit sufficiently from training to return to the community, there were many who needed custodial care.

The invention and development of mental tests and the rapid rise of the eugenics movement did much in the first two decades of the present century to make both the scientific man and the man in the street conscious of this group of people. In fact, for a period of time alarmist reactions spread. It was claimed that the feeble-minded were multiplying so rapidly that before long they would outnumber the normal population and that they furnished the majority of the dependent and delinquent classes. To prevent these trends, the mentally deficient must be kept from multiplying by institutionalization or sterilization.

Today we know that mental tests are a useful device for classifying types of mental ability, but we do not believe that they are an infallible index to intelligence, let alone to capacity for social adjustment. Nor do we believe that everyone who does not rate normal is going to be a menace to society and must be institutionalized or sterilized. We do not believe either that all mental deficiency is due to heredity and that Mendelian laws of heredity are infallible for mental deficiency. We know that such genealogical studies as those of the Kallikaks, the Jukes, the Nams, the Hillfolk which depicted gruesome stories of family degeneracy were suggestive but inaccurate in their findings and conclusions. Geneticists do not believe that feeble-mindedness is a simple recessive characteristic. They point out that by far the largest amount of feeble-mindedness is transmitted by normal carriers, persons not themselves defective, and we have no adequate means of discovering who these carriers are. Even should all subnormal persons be prevented from propagating at once, it would reduce the number in the next generation by only about 11 per cent. We realize, in other words, that prevention of feeble-mindedness is in a very experimental stage and that treatment of this group of persons must be varied. A modern program includes much more than isolation or sterilization.

RESOURCES AND SERVICES FOR THE MENTALLY ILL

This over-simplified account of changing concepts toward the mentally ill and mentally deficient is a prelude to a description of serv-

ices for these two groups. We shall review first the resources for preventing and treating mental illness and then do the same for mental deficiency. In connection with the mentally diseased, we shall discuss seven classifications of services and resources. They are: (1) hospitals and institutions; (2) parole; (3) clinics; (4) legislation; (5) services for military men and veterans; (6) recent psychological principles assimilated by various disciplines and occupations; (7) public relations. Strictly speaking, perhaps, the absorption of psychological principles is not a service, but it is an important phenomenon which has resulted in improved services, so we shall handle it under this classification.

Hospitals and Institutional Care. In a sensational May 6, 1946, article graphically illustrated, the magazine *Life* exposed present-day institutional conditions for the care of the mentally ill. "Bedlam 1946: Most United States Mental Hospitals a Shame and a Disgrace" was the headline. Excerpts from this article by Albert Q. Maisel highlight conditions.

Court and grand-jury records document scores of deaths of patients following beatings by attendants. Hundreds of instances of abuse, falling just short of manslaughter, are similarly documented. And reliable evidence, from hospital after hospital, indicates that these are but a tiny fraction of the beatings that occur, day after day, only to be covered up by a tacit conspiracy of mutually protective silence and a code that ostracizes employees who "sing too loud."

We feed thousands a starvation diet, often dragged further below the low-budget standard by the withdrawal of the best food for the staff dining rooms. We jam-pack men, women, and sometimes even children into hundred-year-old firetraps in wards so crowded that the floors cannot be seen between the rickety cots, while thousands more sleep on ticks, on blankets, or on the bare floors. . . . Those who are well enough to work slave away in many institutions for twelve hours a day, often without a day's rest for years on end. One man at Cleveland, Ohio—and he is no isolated exception—worked in this fashion for nineteen solid years on a diet the poorest sharecropper would spurn.

[None] of these horrors can be excused on the grounds of "common practice" or as "the best that can be done for the insane." For some states have managed to eliminate overcrowding. Some states discharge, as cured or improved, three and four times as high a proportion of patients as others. A few, notably tiny Delaware, have managed to secure an adequate or nearly adequate number of doctors, nurses, and attendants.

The sad and shocking fact, however, is that these exceptions are few and far between. The vast majority of our state mental institutions are dreary, dilapidated excuses for hospitals, costly monuments to the states' betrayal of the duty they have assumed to their most helpless wards.

These are but samples of situations found in both public and private institutions throughout the country. The author recently revisited some of her own state institutions and found similar conditions of idleness; overcrowding; inadequate number and quality of orderlies, nurses, and attendants; too few psychiatrists, psychologists, and social workers; insufficient physical and occupational therapy resources; and fire hazards. For years state welfare departments have attempted to secure support for modernizing conditions, but there are always too many other places for legislators to put the taxpayer's money and not enough people to act as pressure groups to accomplish reforms. Although Dorothea Dix would find fewer institutions today than she did in the 1840's and '50's which physically abuse patients, she would find many that make little or no use of modern methods.

The American Psychiatric Association, the outgrowth of the organization started by the Original Thirteen in 1844, and having a membership of some 3,500 in Canada and the United States, has accepted and published "Standards for Psychiatric Hospitals and Out-Patient Clinics," which provide objectives for public or private hospitals and clinics. Among them are:

1. Standards for psychiatric hospitals to include:
 - a. an adequately equipped receiving ward where patients will stay not to exceed two weeks.
 - b. special units with specialized services for acute cases.
 - c. special units for convalescent groups.
 - d. special units for senile cases.
 - e. special units for children under sixteen.
 - f. special units for alcoholics and drug addicts.
 - g. special units for tuberculous patients.
 - h. definite standards for quantity and quality of staff including one psychiatric social worker for every one hundred annual admissions under the direction of a chief who will so organize the department that there will be adequate pre-admission, admission, and follow-up services.
2. A simplified commitment law for all states.
3. Standards for all-purpose out-patient clinics to include:
 - a. definition of purposes.
 - b. such auspices as will promote continuity and collaborative community relations.
 - c. central quarters preferably in connection with general hospitals or public-health centers.
 - d. adequate budget for maintenance of stable and competent staff.
 - e. staff to include psychiatrist, psychologists in the ratio of one to two full-time psychiatrists, two to three psychiatric social workers to each psychiatrist, and one clerical worker to each full-time psychiatrist.

- f. definition of a case policy such as services by appointment, one hour for each patient per visit, etc.
- g. permanent records combining the reports of all staff members on each case.
- h. general public education and professional education of related persons and agencies.
- i. types of service such as consultation, diagnostic study, reference of patient when desirable, treatment.¹¹

Apparently the association assumes that building structure will be determined by the kinds of services rendered and that such matters as safety and fire protection are implicit in a good program. Probably no social worker or any other person finds all of these standards lived up to. It is encouraging, however, to know that standards, which afford goals for institutions and clinics to work toward, have been worked out.

Not all patients require institutional or hospital treatment. Certain types of mentally-ill and mentally-defective persons can be safely placed in private families. This program, if expanded, would relieve present institutional congestion and perhaps even somewhat reduce the need for new or enlarged buildings. Belgium, Holland, Germany, Sweden, Switzerland, France, Scotland, and Hungary use family-care.

The Gheel, Belgium method is the most famous and is called the community system. A community house or center is established in a small town which serves as an intermediate station between the state institution and the families receiving patients. The community house, which accommodates about one hundred patients, has physicians, occupational therapists, nurses, and social workers. This personnel routes the patients to families or routes them back to the state institution if that is necessary. Approximately three thousand patients are boarded out in Gheel and in the surrounding parishes in about fifteen hundred families. The Scottish system places patients in isolated families without much supervision. The German system maintains patients in their own or in the homes of others under the immediate supervision of a central hospital.¹²

Massachusetts is the only state which has had long experience with family-care dating from 1885. New York has made a beginning. If it is deemed advisable in any state to start a family-care program,

¹¹ *American Journal of Psychiatry*, Vol. 102, No. 2, September, 1945.

¹² For description of the Gheel system see Horatio M. Pollock, *Family Care of Mental Patients*, article by Edgar A. Dow, "The Lesson at Gheel," Utica, New York: State Hospitals Press, 1936.

the following matters should be considered: the system of family-care to be adopted, criteria for selection of patients and families, rates to be paid, methods of supervising and treating patients, extent of use. More and more attention is being given by social workers to the subject of foster-family-care for various groups of persons, not only for children with whom the profession has had most experience, but also for the aged, the delinquent, and the mentally disordered and defective. Most states already use family-care, largely in the homes of relatives, for the mentally ill on parole. As a result of this experience and that of work with children in foster homes, it should be possible to stimulate greater interest in family care of mental cases and to experiment with its use.

Parole. It is obvious that if treatment in institutions is inadequate, parole procedure will be poor. Patients should not be parolled from institutions until the staff knows that maximum use has been made of the institution's treatment resources, until an extramural situation is arranged for the patient's best adjustment, and until the patient himself understands and wishes parole. After parole does occur, careful after-care supervision should be provided, sometimes not for one or two but for many years. Until the prognosis of a competent psychiatrist gives reasonable assurance of cure or of adjustment, no mentally-ill patient should be discharged from the supervision of the state. Legislation in numbers of states permits discharge after a specified period of good adjustment. Supervision of parolled mentally-ill or mentally-defective persons involves the same case-work principles as supervision of persons parolled from institutions for offenders.

Mental Hygiene Clinics or Centers. Numbers of types of mental-hygiene clinics are found throughout the country. They may function as adjuncts of mental hospitals, general hospitals, university medical schools, departments of state government, courts, schools, and other community resources; or they may be independent agencies. Sometimes they operate only for the diagnosis of behavior disorders; sometimes for both diagnosis and treatment. Sometimes they exist primarily for children or adults, for delinquents or non-delinquents, or for some other special group. Sometimes they are supported by state or local units of government; sometimes by voluntary contributions. Sometimes they are fixed in one locality; at others they are migratory. They put into application numbers of psychiatric theories and philosophies. Of particular importance, at present, in the development of mental-hygiene clinics is the growth of interest in the

establishment of child-guidance clinics. This is not because there is a decline in need of diagnostic and treatment centers for adults and for acute mental illnesses, but rather because psychiatrists believe that much mental illness and personality disorder of adult life can be eliminated through early, very early, diagnosis and treatment.

It is estimated that one child out of every twenty, at the present rate of commitment, will spend some time in a mental hospital. Others are doomed to go through life as maladjusted persons. Typical of children's behavior problems are stealing, fantasy, feeding difficulties, enuresis, sex difficulties, speech impediments, fits and seizures, anxiety, disturbance of sleep, truancy, violence.¹³ According to Dr. Kentz A. Zimmerman, head of the Mental Health Unit of the United States Children's Bureau, much tragedy could be avoided if what we know today about mental hygiene were applied to children and infants. Mental-hygiene services for children should be an essential part of community public-health and welfare services and yet full-time clinical services for child guidance are provided in only twenty-seven of the largest cities. One quarter of the cities of over 100,000 population have no psychiatric clinic for either children or adults, and the same is true of cities of 50 to 100,000 population.¹⁴ Such services are relatively unknown in rural areas since traveling clinics organized by state hospitals or state departments of health or welfare are not yet generally available. Insufficient in number as they are, nevertheless, there are several hundred public and private psychiatric or mental-hygiene clinics spread throughout the country. Standing in the way of getting this type of care is general lack of understanding of the emotionally disturbed child or adult and the high cost of clinics.

Helen Witmer in her *Psychiatric Clinics for Children*, makes the point that a large part of the effectiveness of child-guidance clinics depends upon whether or not the emphasis of the clinic is primarily to help the child or to protect society. Treatment practice too, is modified by objectives and psychiatric theory. The training and experience of the psychiatrists heading the clinics determine their type. Study of clinics reveals four general categories of treatment approach which are generally used in combination. (1) Much of the work of many clinics centers around attempts to make the environment an easier or pleasanter place for the patient to live in. This may mean a

¹³ William Moodie, *The Doctor and the Difficult Child*, New York: The Commonwealth Fund, 1940.

¹⁴ The National Committee for Mental Hygiene, Inc., *Directory of Psychiatric Clinics in the United States and Other Resources*, New York: 1946.

new environment or changes in the old one. (2) Sometimes the effort is directed at finding new outlets for the patient's energies or capacities. (3) Another approach involves remedying the specific physical or intellectual disabilities. (4) Or treatment may consist of a direct dealing with the patient's psychological problems, the methods varying with the different therapists, adherents of the theories of Freud, Adler, Meyer, Rank, and many others.¹⁵ The psychiatrist is the key person in all psychiatric clinics.

The second major profession represented in mental hygiene clinics is the *psychologist*. The trend in clinical psychology, especially in child-guidance clinics, is away from routine and formal tests, which characterized a stage in the growth of the profession, and toward greater emphasis upon the psychologist's ability to estimate the child's intellectual capacity and limitations in a way that takes into account emotional factors.¹⁶

The third professional representative essential to these clinics is the social worker. Adaptation of generic case work to a specialized setting is required. If the clinic is purely diagnostic, the social worker often has to size up a child or other patient in a single interview. Several social-work writers have drawn attention to the fact that short-contact interviewing is more difficult than when a number of interviews is possible. If the social worker participates in treatment of the child and his parents or of adults he must understand the feelings of the persons involved and their capacity for adjustment. This requires broad experience and extensive knowledge of psychiatric theories.

Setting up a mental-hygiene clinic in any community requires a great amount of preparation of the public. The writer has had the opportunity to observe the processes involved in getting established a child-guidance clinic in a community of 70,000. After a considerable period of demonstration and much public education this community finally agreed to participate in the financing of such a clinic, one-half the funds to come from the local community chest, one-half from the state and federal governments. Among the facts presented to the social planning and budget committees of the community chest, showing the characteristics of the children and their families, and the methods of treatment employed in the experimental clinic were the following: (1) nineteen per cent of the children were under five; forty-eight per cent were from six to twelve; thirty-three per cent were from twelve to thirteen. (2) fifty-four per cent of the children came from

¹⁵ Witmer, *op. cit.*, p. 362

¹⁶ *Ibid.*, p. 369.

comfortable families. (3) The largest percentage of referrals was from the schools, health, and social agencies. Eight per cent was by parents. (4) Fifty-five per cent of the children had an I.Q. over 100 and only seven per cent under 80. (5) Fifty-four per cent of the children came from broken homes. (6) Emotional tension and inconsistent discipline were found in the homes of a large percentage of the children. The psychiatrist who headed the demonstration clinic for two years worked 132 days with 157 cases. Nine hundred and fourteen contacts were made with an average of five and eight tenths per cent per case. One child was seen thirty-three times. Treatment recommendations included institutional care for eleven per cent, work with the home sixty-two per cent, individual psychotherapy twenty-six per cent. These facts and others demonstrated the need for and the potentialities of a local child-guidance clinic.

Legislation. Deutsch in his book, *The Mentally Ill in America*, has an excellent chapter entitled "Our Commitment Laws." A great deal of the legislation on commitment, according to Deutsch, grew out of public distrust of mental hospitals and the fear that patients would be railroaded to institutions or hospitals. Today commitment procedure, except when there are statutory provisions for voluntary entrance, fall into four major categories: (1) commitment by courts upon findings of a lunacy commission, (2) commitment by courts upon findings of one or more medical examiners, (3) commitment by courts following a trial by jury, (4) commitment by a lunacy commission empowered by law with judicial authority. The general procedural pattern for commitment under any of these categories involves a petition, usually by relatives, friends, legal guardians or public officers; a notice to the person involved; a hearing; a certificate of insanity; and commitment. Any one of the four procedures involves humiliation for the patient and his family as well as serious effects on the health of the patient.

As a result of these unfortunate effects, there has been a rapid growth of interest in enactment of voluntary and temporary commitment legislation. The simplest description of what might well be involved in this type of legislation is found in the standards of the American Psychiatric Association.

All states should have a simplified regulation whereby the patient, or in the case of a minor, parents or a guardian, may make application for admission on behalf of the patient.

Such admission would be regarded as voluntary and the patient could be continued under treatment as long as necessary.

In order not to restrain the patient from exercising his constitutional rights, he should always have the right to give written notice to the superintendent of his desire to leave. Then, should the superintendent consider that the patient requires further hospital care, he may request two disinterested physicians, preferably psychiatrists, to examine the patient; and if they concur that he requires further hospital care, they may provide the superintendent with a notarized certificate to that effect. Such a certificate would permit the superintendent to legally hold the patient for such further care. The patient should have the right to appeal to the courts from this certificate.

The whole purpose of such a law would be to give the mental patient all the liberties possible that are given to a patient suffering from physical disease. There may be a few individuals who will require a formal legal commitment. . . .

The question of guardianships, divorces, and other legal procedures should follow in accordance with the laws of the particular state.¹⁷

How a patient is discharged or released from an institution or hospital after commitment also depends upon legislation, the usual methods being: (1) habeas corpus proceedings; (2) discharge as recovered, improved, or unimproved; (3) transfer to another institution; (4) parole. Once a patient is officially discharged, he cannot be readmitted without repeating the original legal procedure.

Although no effort will be made in this chapter to discuss the subject, the reader should be aware of the fact that the statute books abound in laws regarding methods of trying and treating the criminally insane, the legality of the torts and contracts of the insane, methods of appointing guardians and the effects of guardianship, the right to marry, the right of courts to cause mental or psychological examinations to be made of persons brought before them, etc. Many of these laws are exceedingly difficult to administer because of the uncertain legal and medical tests for insanity or mental disease.

The student should be apprised of the fact that Congress in the summer of 1946 passed a National Mental Health Act.¹⁸ This law provides for an appropriation for a national institute for mental health to serve as a focal point for research, experimentation, and special training in the field of mental illness and for grants-in-aid for the establishment of additional mental-hygiene clinics throughout the country. Congress was alarmed by the fact that the paucity of clinics affects adversely the treatment of the disorders of children, of veterans, and of many others too, and that mental cases occupy more

¹⁷ *Standards for Psychiatric Hospitals and Out-Patient Clinics*, *op. cit.*, pp. 266-267.

¹⁸ 79th Congress, H.R. 4512.

than one-half the hospital beds at a cost of half a billion dollars a year, most of the money coming from the taxpayer.

Service Men and Veterans. The magnitude of the problem of mental disease and personality disorders is borne out by Selective Service figures. By July, 1944, about one and one-quarter million men, eighteen to thirty-eight, had been rejected for service in the armed forces because of some mental or emotional handicap. Between 35 and 45 per cent of all medical discharges from the armed forces have been for some neuropsychiatric condition. By July, 1944, 300,000 men had been discharged for psychiatric reasons and about 30,000 were being discharged each month.

The Barden-LaFollette Act of 1943 provides for the vocational rehabilitation of physically and mentally handicapped civilians and offers an opportunity for the rehabilitation of service men discharged from service because of non-service-connected mental difficulties. The bulk of war neuroses cases are considered non-service-connected and so receive no care from the Veteran's Administration except hospital care if needed at the time of discharge. Since the war-neurosis victims are discharged as early as possible, a large burden is placed on local communities. Some of these men, of course, recover by natural processes and are absorbed into industry. If the community has no clinic or hospital facilities, many of them will receive no psychiatric treatment.¹⁰ To meet this situation, the National Committee for Mental Hygiene has organized a rehabilitation division whose aims include: (1) encouraging and assisting communities in establishing facilities for the proper care of veterans and others who have psychiatric handicaps, (2) assisting industry in fitting the psychiatrically-handicapped into gainful employment, (3) maintaining constant clearance with appropriate divisions of the federal government in reference to further legislation and improvement of existing services, (4) giving field service to states and localities.¹⁰

At the beginning of World War II, the armed forces were slow to set up psychiatric divisions in their medical departments, but that came about as the number of men with neuroses became conspicuous. At a meeting of the American Psychiatric Association in 1943, the significant work done by psychiatrists in the armed services was presented. Numbers of psychiatrists instead of being sent to hospitals were attached to staff headquarters where they saw and treated cases without hospitalization. Various types of neurotic and panic reactions were recognized which called for new techniques of treatment, one of

¹⁰ J. S. Kasanin, "Mental Hygiene," 1945 *Social Work Year Book*, pp. 267-274.

which is called Narco-Analysis, or the use of powerful sedative drugs which enable the man to relax so that the psychiatrist can employ psychotherapy.

All branches of the armed forces provide a variety of services designed to help with the personal welfare of the men. Special-service officers and chaplains do much to help men with mental disorders make adjustments, secure medical care and hospitalization, and obtain discharges. We have already referred to the fact that the Selective Service System finally in October, 1943, introduced a nation-wide program for utilizing social workers as medical field agents to gather personal histories of selectees in class 1A so as to eliminate men with mental and behavior disorders.²⁰

Utilization of Psychological Principles by Various Disciplines. Earlier we made reference to the fact that many recent psychological concepts have been absorbed by other occupations and professions. These principles have been taken over by industry, religious organizations, educational systems, vocational education, guidance and rehabilitation, medicine, and social work. In Chapters III and IV on case work, we pointed out what some of these concepts are which have been assimilated by social work, especially by social case work. We shall let it suffice here to point out how one social case-work practitioner, teacher, and author has absorbed psychological principles.

Virginia Robinson in *A Changing Psychology in Social Case Work* (1930) is the first social worker systematically to present a psychological frame of reference for case-work practice. Her theories derive from psychiatry and psychoanalysis.²¹ The basis of case-work treatment is the professional relationship of case worker and client; Miss Robinson's book deals with the factors involved in that relationship. Miss Richmond's theory of social case work was that the individual could be helped to adjust to his social situation by the use of certain techniques. After careful scientific diagnosis of the environment, rearrangement of the pieces by some plan of the case worker took place.²² Manipulation, coercion, and discipline were a part of the case worker's kit. Along with study of environmental factors and modification of the social and physical situation, went the effort to understand the client himself. Miss Richmond recognized this need but had

²⁰ Elizabeth Wickenden, "Servicemen and Veterans," 1945 *Social Work Year Book*, pp. 393-403.

²¹ Reprinted from *A Changing Psychology in Social Case Work* by Virginia P. Robinson by permission of the University of North Carolina Press. Copyright, 1930, by the University of North Carolina Press.

²² *Ibid.*, p. 182.

too few psychological theories to help in the formulation of a structure for understanding and treating personality. Miss Robinson, building on the accumulated knowledge and experience of the period between 1917 and 1930, developed such a systematized statement.

In brief, Miss Robinson's basic thesis is that the professional case worker must understand the client's reaction pattern if she is to be helpful in the modification of environment or of personality organization. The case worker does not "do for" or "do something to" the client but rather accepts responsibility for relationship. This, in turn, means that she attempts to understand the genetics or natural history of the client's behavior, his emotional conflicts, the phenomenon of ambivalence, and the meaning of his experiences to him. She accepts the client, asserts no will of her own, and is at his service. Her techniques do not comprise a "repertoire of tricks." She does not pretend to know what is good for the client and then to see that he does it, to be sure in a kindly manner, but still in a patronizing way which denies the will and individuality of the client. She can really be at his service only if she has no needs of her own which she projects upon him.

Miss Robinson does not think the only important social work is case work; nor does she believe this particular concept of case work implies intensive relationships or taking over the function of psychiatrists. On the contrary:

This approach lends an increased interest and significance to the most limited contacts, to single interviews and refer work. If the worker brings sufficient background of knowledge of relationship problems and is able to identify with the client and at the same time maintain her own difference, the task of receiving and analyzing applications for help becomes a fascinating one and may also have its own therapeutic value. To be able to reject cases on the basis of the client's inability to use help, to refuse to lift the burden from the client's shoulders when it would be to his advantage to solve his own problem, to withdraw when the only need the client has of her is to receive his blame, demands the greatest skill and knowledge a case worker can develop. In addition, it demands the most developed and genuine objectivity to be able to conduct these interviews, in such a way that the application is rejected and not the applicant. Only if the worker has a really profound understanding of the factors at work in the client's situation, has really accepted herself as well as the client so that she has no separation problem of her own involved in these rejections, will she be able to refuse to give to the client, simply without accusation, apology, or protest.²³

²³ *Ibid.*, p. 187.

In Roethlisberger and Dickson's book *Management and the Worker* (1939), which is an important study of the morale of factory workers, extensive use is made of psychiatric concepts. The same influence is apparent in Annette Garrett's *Counselling Methods for Personnel Workers* (1945). Cabot and Dicks in *The Art of Ministering to the Sick* (1936) show the absorption of many new psychological concepts into religious practices. W. C. Ryan's *Mental Health Through Education* (1938), and E. K. Wickman's *Children's Behavior and Teacher's Attitudes* (1944), indicate that educators have attempted to digest new psychological theories. Helen Flanders Dunbar's *Psychosomatic Diagnosis* (1943) reflects a similar development in medicine. These are only a few of the books which show the influence of psychology, psychiatry, and psychoanalysis upon various fields of activity.

Public Relations. If programs for the treatment and prevention of mental illness and personality disorganization are to be comprehensive and extensive, educational programs must be carried on. Such programs are now conducted—with varying degrees of effectiveness from community to community, and state to state—by departments of health, public welfare, education, and mental hygiene and by the personnel of clinics. Psychiatrists, especially, lecture to innumerable lay and professional groups on the significance of mental health. Pamphlets, bulletins, magazine articles, and radio programs contribute to a preventive program.

SERVICES FOR EPILEPTICS

Before moving on to the discussion of mental defectives, a few words should be said about epilepsy and epileptics. Many people think of epilepsy, which in the Greek means seizures, as an incurable horror.²⁴ Actually eighty out of every one hundred persons with seizures can lead relatively normal lives. Only one-tenth of the cases need institutional care. As many people suffer from epilepsy as from diabetes or active tuberculosis—at least 500,000 in the United States. We shall have more cases in the post-war period because of head injuries and strains of military life.

The great majority of persons subject to seizures are in other ways quite normal. Some are even geniuses; Caesar, Lord Byron, Swin-

²⁴ Herbert Yahraes, *Epilepsy—the Ghost is Out of the Closet*, New York: Public Affairs Pamphlet, No. 98, 1944; see also Tracy J. Putnam, *Convulsive Seizures: A Manual for Patients, Their Families and Friends*, New York: J. B. Lippincott, 1943.

burne, De Maupassant, Van Gogh, were epileptics. Just as a person with diabetes has a good chance of living a healthy, normal life, so has the epileptic. Both need good medical care. Doctors employ an instrument called an electro-encephalogram which records the electrical waves given off by the brain. The brain-wave patterns of epileptics differ from those of normal individuals. The doctor thus has a method of diagnosis which, added to descriptions of seizures, enables him to prescribe treatment. New drugs are effective in a large percentage of cases. The electro-encephalogram and the anti-convulsant drugs represent a great advance in the ability of medical science to help epileptics. No longer must we think of the epileptic as a person with unfortunate incurable attacks and with a future of physical and mental deterioration. It is exceedingly important that all who live and work with epileptics—parents, friends, teachers, ministers, guidance workers, social workers—have a good understanding of epilepsy and its modern treatment and do everything in their power to abate fear and superstition about the shameful and untreatability of this disease.

SERVICES AND RESOURCES FOR THE MENTALLY DEFECTIVE

A good portion of the material in the section on programs for the mentally ill applies equally to the mentally deficient. We shall try in this section not to duplicate the preceding discussion. The incidence of mental deficiency of the degree in which the intellectual inferiority is so severe as practically to insure social dependency is about 1 per cent of the population. Approximately 13 per cent have an intellectual equipment that is sufficiently marginal so that unusual social pressures are likely to push the individual over into dependency of one kind or another.²⁵ These figures indicate the size of the problem which this group affords. We shall now discuss the following categories of services and resources: (1) institutions; (2) special school classes; (3) sterilization.

Institutions. Stanley Davies in his helpful book, *Social Control of the Mentally Deficient*, shows that the great alarm around the year 1910 over the effects of the feeble-minded on society resulted in campaigns for the building of institutions large enough to segregate all the feeble-minded. It was not long before the fallacy of such a program became obvious. The monies involved would be tremendous; the numbers of feeble-minded in the next generation would be only

²⁵ J. S. Kasanin, "Mental Hygiene," 1945 *Social Work Year Book*, pp. 267-274.

slightly reduced even if all the feeble-minded were confined; many of the feeble-minded could and did make good social adjustments in the community. The National Committee for Mental Hygiene through its division on mental deficiency helped to temper these fears and at the same time to encourage increased institutional facilities.

Institutions for the feeble-minded are of two primary types: custodial and educational or training. They may be of the congregate type or of the colony or cottage type. One of the great American leaders in the care of the feeble-minded was Dr. Walter E. Fernald, superintendent of the Massachusetts State School. His contributions included comprehensive clinical studies, both of patients admitted to his institution and of those served in out-patient clinics. In order to analyze and treat the feeble-minded each individual, according to Dr. Fernald, should be studied from ten angles: (1) physical examination; (2) family history; (3) personal and developmental history; (4) school progress; (5) examinations in school work; (6) practical knowledge and general information; (7) social history and reactions; (8) economic efficiency; (9) moral reactions; (10) mental examination. With these assembled findings an individual program for each person committed to an institution could be made. A plan might involve custodial care with a minimum of habit and educational training. Or it might include an educational program commensurate with the abilities of individual patients, some of whom could be returned to the community with or without parole arrangements, and others of whom could live in colonies and make contributions to the community from a modified institutional arrangement.

Dr. Fernald recognized that being feeble-minded does not make the feeble-minded person less an individual with fewer individual characteristics and emotional difficulties. The "bad" or delinquent defective and the low-grade defective may need institutional care all or a large share of their lives. The "good" defective, the trusting, loyal, industrious, affectionate feeble-minded person, who has not too low an intelligence quotient can frequently be trained for community life. A well-organized and staffed institution for the feeble-minded is successful in training its charges up to a certain point. Low-grade imbeciles and idiots will remain institutional burdens. Higher-grade imbeciles and morons will benefit in varying degrees by habit-training, school work, medical observation and treatment, and helpful associations.

Colony care has various meanings. Sometimes it is used as a synonym for institutional care; sometimes to mean an aggregate of

small buildings or cottages serving a particular group of people, sometimes to denote a single building, large or small, serving a designated group of people for whom special treatment plans are arranged. The word *colony* in reference to the feeble-minded is applied to groups of inmates from the parent institution who have been settled at points more or less distant from the institution but who still remain subject to its jurisdiction.²⁰ The colony may be of the farm, domestic, or industrial type. It may take men or women; it may be used as a method of preparing the feeble-minded for contributions to the community or as a half-way house between the community and the institution. The name of Dr. Charles Bernstein, Superintendent of the Rome, New York, State School for Mental Defectives, more than any other is associated with the development of colony care of the feeble-minded. He emphasized the humane and social values of this method.

It seems clear to some people that every feeble-minded person who has been institutionalized for training purposes and placed in the community should remain under the supervision of the state. Such a parole system, were it in existence, would not mean that every person would receive careful supervision. It would mean classification of persons on parole, an adaptation of supervision to the needs of the individual, an opportunity for intermittent study of the feeble-minded, and the giving of such help in vocational, domestic, and general community adjustment as was indicated by the case history. This supervision could be given by state or by local agency staff under the license of or supervision of the state department concerned with this group of people. This plan is imminent in no state; competent social-work personnel for it is not available nor is the general public as yet interested in it.

Special School Classes. Institutions for the mentally defective actually care for only about one-tenth of this group. The remainder are problems for community care. This implies the necessity for programs of identification, registration, education, and supervision. In only one state, South Dakota, is registration of all feeble-minded required. In all states supervision, even of those who have once been in institutions, is grossly inadequate.

Education and training of the mentally defective while they are children is carried on mainly in the public schools. Urban communities frequently provide special classes but elsewhere this group

²⁰ Stanley P. Davies, *Social Control of the Mentally Deficient*, New York: Thomas Y. Crowell Company, 1930, p. 218.

of children is dealt with in regular classes. In the latter case, the school may or may not have class arrangements and teaching staff geared into the needs of slow and subnormal children.

Special classes for problem children antedated those specifically intended for the backward and mentally deficient.²⁷ Providence, Rhode Island, seems to have had the first special class for mentally-deficient children established in 1896. Numbers of states have enacted statutes making mandatory or permissive the establishment of special classes for these children. New Jersey enacted the first law in 1911. Several states operate special classes without legislation. No other community resource is in a better position to locate the mentally defective than the school system. Psychiatric and psychological staff should be available so that proper classification and treatment plans can be made. Selection of children for special classes means that parents must be helped to understand why their children are placed in them.

Class instruction for the mentally defective differs in kind and degree from that of the ordinary classroom. It includes emphasis on personal hygiene, habit-training, emotional control, manual and trade training, and such knowledge of the three R's as the individual child can take. Work with subnormal and other problem children has had great influence in the liberalization of teaching content and methods for normal children.

How do these children turn out who have received special training in the public schools? Studies indicate that the problem of the defective individual is primarily an environmental one and that with good environment and training, especially from an early age, he usually gets along fairly well. Character and personality make-up, good home and school training largely predetermine the individual's adjustment. In those educational systems having school social workers, considerable time may be spent in helping these children make school and community adjustments.

Most communities are deficient in their programs for supervision of this group after they leave school. It is not clear whether supervision should come from the school after the child finishes or from some other community resource. It is clear that there should be supervision. No state has yet developed an adequate program of community supervision which touches more than a small percentage of the need but some states have made beginnings. Among these is New York with field agents working out from the State Department of Mental Hygiene. These workers cooperate with local agencies in

²⁷ *Ibid.*, p. 297.

securing mental examinations, interviewing relatives and social workers, and making plans for care. Massachusetts provides traveling clinics for the examination of retarded school children. All court commitments of mental defectives in that state are made to the State Department of Mental Disease, provided the department approves. If the department accepts the commitment, it has responsibility for making and carrying out a plan for the individual. Numbers of other states have programs for some degree of community control of their mentally deficient; they vary in details.

Sterilization. Many persons in the first part of the twentieth century thought that either segregation or sterilization should be required of all mentally-deficient individuals. Most people today believe this is neither necessary nor a sound policy. Increase in the number of institutions and the passage of eugenic sterilization laws developed side by side in the 1910's and 1920's. Indiana passed the first sterilization law in 1907, but it was later declared unconstitutional. Twenty-nine states now have sterilization legislation. The laws of several states, at one time or another, were held unconstitutional, but since the famous decision of Justice Holmes in *Buck vs. Bell*, well-drawn state legislation is constitutional. In that decision Justice Holmes said: "We have seen more than once that the public welfare may call upon the best citizens for their lives. It would be strange if it could not call upon those who already sap the strength of the state for these lesser sacrifices, often not felt to be such by those concerned, in order to prevent our being swamped by incompetents."²⁸

Some state laws provide for compulsory and others for voluntary sterilization. Under the latter type of law, operations cannot be performed without the patient's consent. Although most states limit their compulsory sterilization laws to the feeble-minded and insane for eugenic reasons, there is some interest in enacting legislation for social and economic reasons when the patient and his relatives so desire.

The chief reasons advanced for sterilization are as follows:

1. Sterilization, although no panacea for feeble-mindedness will, nevertheless, reduce the number of defectives in the next generation and thus reduce the burdens which their presence in society entails.
2. Sterilization makes possible a natural life for many persons.
3. Marriage can be regarded as a satisfactory adjustment for many women if they have been sterilized.

²⁸ 274 U.S. 200, 1927; for discussion of Sterilization see Helen I. Clarke, *Social Legislation*, New York, D. Appleton-Century Co., 1940, Chapter VIII.

4. Aside from eugenic considerations, mental defectives should not become parents because they are not equipped to give proper training to their children and because they themselves cannot adjust under the burdens of caring for children.²⁹

The chief non-scientific opposition comes from the Catholic church for religious reasons. Opponents of sterilization for other than moral reasons base their objections on such grounds as:

1. Mental defectiveness is not preponderately hereditary, according to Mendelian laws.
2. Even if the hereditary assumption were granted, sterilization would not be very effective in eliminating the number of mental defectives in subsequent generations because of the large number of persons who are carriers.
3. Sterilization in itself does not increase the sense of social responsibility. Sterilized individuals may be social and health menaces.
4. The administrative problems of determining who should be sterilized and how those who are sterilized should be supervised are many.³⁰

A strong case for voluntary as opposed to compulsory sterilization of the mentally deficient was made by the Sterilization Committee of the American Neurological Association in its 1936 report. That group of physicians favored sterilization: (1) for feeble-mindedness of the familial type; (2) in selected cases of certain diseases with the consent of the patient or of those responsible for him; those diseases are Huntington's chorea, hereditary optic atrophy, familial cases of Friedrich's ataxia, and certain other disabling degenerative diseases recognized to be hereditary; (3) for dementia praecox; (4) for manic-depressive psychoses, and (5) for epilepsy, mainly on social rather than biological grounds.³¹

Many social workers who come in contact with the feeble-minded, especially with the neglected children of feeble-minded parents, favor sterilization. These practitioners recognize that sterilization, like institutionalization, is no panacea for ridding the world of the feeble-minded.

Legislation affecting the feeble-minded, their commitment, their marriage, their legal obligations, and their crimes is similar to that for the mentally ill. Legal and medical definitions of feeble-mindedness are likewise uncertain and often unscientific.

Public understanding of feeble-mindedness and the problems of the feeble-minded is limited. The American Association of Mental

²⁹ Davies, *op. cit.*, pp. 113-114.

³⁰ *Ibid.*, pp. 113-116.

³¹ *Eugenical Sterilization*, Chapter XI, New York: Macmillan Company, 1936.

Deficiency and the National Committee for Mental Hygiene are the two most influential national organizations in this area. The former association has several objectives. It studies causes and methods of preventing feeble-mindedness; it aims at a complete census of all mentally-deficient children of school age; it is interested in obtaining supervision of all feeble-minded in the community, in parole for suitable persons, and in special provisions for defective delinquents. State departments working with this group of persons do much to inform the citizenry about the problem.

CONCLUSION

Relatively few people today believe that the mentally ill and defective are possessed. We understand that there are natural causes for these conditions, although we realize that the experts do not always know what the causes are. It is axiomatic that how much is unknown no one can ever know. We do know, though, that despite our ignorance regarding cause and cure, there is much that can be done to relieve and prevent distress. The paradox is that knowing so much, we still do so little.

Research men and physicians contribute great knowledge and skill for the relief of human misery. Most of them stop short of active interest in making their expertness universally available. Social workers see the suffering caused by lack of available medical resources, by the ignorance of patients, by the inadequacy of scientific knowledge, by the indifference of the community. Most of them stop short of persistent effort to achieve adequate and universal resources. The citizenry is capable of great generosity in providing resources when aroused or when understanding what is needed. It stops short of providing adequate funds for comprehensive programs because of misinformation or lack of information or because interest waxes and wanes.

Certainly it is the function of those who see and understand the effects of inadequate services to assume responsibility for correcting these conditions. In the instance of mental disease and defectiveness, it means that the medical profession, researchers, educators, and social workers, have the duty to see that the public is informed in order that the best that is known in scientific and humane care and treatment is available. In particular, it means that institutions and hospitals shall be modern and adequate in facilities and staff, that localities shall provide the best in preventive, diagnostic, and treat-

ment clinics, and that schools and other resources shall adapt their programs to the needs of these special groups.

It is exceedingly easy for newspapers, magazines, radios, and movies to dramatize the problems of crime, physical and mental disease, and mental deficiency. It is a much more arduous task for those who have scientific and professional knowledge to push consistently for change. This is part of the function of professional people—to assume responsibility for making their expertness available to all who need it.

EXERCISES

1. Correlate methods of caring for the mentally ill and mentally defective with historical ideas of causation.
2. Describe some of the outstanding personalities like Dr. Benjamin Rush, Dr. Samuel Gridley Howe, Dorothea Dix, Clifford Beers, and Sigmund Freud in this field and their contributions to the treatment of persons with mental problems.
3. What significance beyond the medical field did the Pierce veto of the Dorothea-Dix bill have?
4. Discuss three twentieth-century developments in the prevention and treatment of mental disorders.
5. What is the significance of genealogical studies like the Kallikaks and the Jukes?
6. Discuss the seven classifications of services provided the mentally ill described in this chapter.
7. What public and private institutions does your state provide for the mentally ill and defective? What agency supervises them and what does it do?
8. Describe a psychiatric clinic, its patients, its staff, its equipment.
9. Describe the work of the psychiatric social worker.
10. Look up the provisions of the 1946 National Mental Health Act.
11. What mental-hygiene principles has social case work absorbed?
12. Discuss the three special categories of services provided the mentally deficient described in this chapter.

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Chapter XVII

SERVICES AND RESOURCES FOR RACIAL GROUPS

INTRODUCTION

The Problem

According to H. G. Wells, "There is no more evil thing in this present world than race prejudice. I write deliberately—it is the worst single thing in life now. It justifies and holds together more baseness, cruelty, and abomination than any other sort of terror in the world."¹ When in the year of our Lord 1946—one year after a war to defeat undemocratic countries—we read that Mr. Bilbo of Mississippi, running for the Senate of the United States, urged defiance upon red-blooded Anglo-Saxons to keep the Negroes from voting in his state or anywhere else, we wondered! Whether Mr. Wells is or is not correct that race is the most important problem, more important even than economic security or peace and international relations, the fact remains that for generations it has been a sore spot in the United States and that millions were killed in World War II in its name.

It is the purpose of this chapter, first, to review the problem of racial prejudice in relation to Negroes since they are the largest racial minority in our country and since American reactions to them is repeated in our dealings with Japanese, Chinese, Indians, Mexicans, Jews, and other racial or nationality groups. Second, we shall present the scientific facts regarding race. Third, we shall indicate types of resources for meeting the needs of Negroes.

Is There a Problem? Some Southerners refuse to recognize that there is a racial problem below the Mason-Dixon line. Some know there is a problem; among them are those who believe they should be left to meet and solve Negro-white relationships at their own gait and by their own methods without interference from the "Damn-Yankees." There are those, however, who want help and reinforcement from Negroes themselves and from humanists and scientists wherever they are.

¹ Quoted in *Trends and Tides*, a paper of information and opinion, Editor Publisher: Louis Adamic, Milford, New Jersey, January-February, 1945.

Some Northerners deny that there is any real cause for racial tension in their part of the country, insisting that cases of discrimination are so occasional as to have no social significance. Some recognize that the North as well as the South has a racial problem, varying in intensity from one locality to another and as between the North and South. They believe that the best brains of the entire country for long years ahead will be needed to help in the dissipation of racial discrimination wherever it is found.

A Personal Experience. Wisconsin, a northern state with a long history of liberal practices should theoretically have a minimum of racism. "Does Wisconsin have a race problem?" This was the subject of a June, 1946, guest editorial, a regular Sunday feature of the Wisconsin State Journal published in the capitol city of Madison. It was written by Mrs. Pauline Coggs, educated at Chicago and Pittsburgh Universities and at the time of her writing employed by the School for Workers and the Sociology Department of the State University.

Mrs. Coggs reported that an outstanding Negro scientist was unable to do research for a chemical concern because a certain town prohibits the housing of a Negro overnight. Real-estate agencies and landlords refuse to rent or sell properties to Negroes or Japanese-Americans. Hotels, restaurants, and night clubs frequently violate the state Civil Rights Law and refuse service to Negroes. A Negro school teacher could find employment only as a cook in the capitol city. "The nation as a whole," said Mrs. Coggs, "is experiencing a strong resurgence of racial and religious intolerance. It threatens the very foundations of our political and religious life. Most Americans abhor this trend, but the political structure of the country prevents any effective national curbs to prevent it. No concrete demonstration exists to reassure Americans that people of different races can live together peaceably and work together for common goals—Wisconsin's race problem is not yet a crisis—it is still a challenge."

"The machinery to meet the challenge" continued the writer, "is at hand. The state Civil Rights Law prohibiting discrimination in public places was passed in 1895 and was strengthened in 1931 and 1939. The legislature enacted a Fair Employment Practices Act in 1945 charging the Industrial Commission with the responsibilities of investigating discrimination in employment and making further recommendations to the legislature. Governor Goodland recently appointed a Commission on Human Rights to study and report on race relations in the state. Mayor Kraege has promised to appoint a similar commission in Madison. The University of Wisconsin has

used Negro faculty members in the Departments of Philosophy, Sociology, and Economics this past year. Civic and religious groups included race relations as a part of their programs for study and action this year."

Mrs. Coggs believes that more than machinery is needed. "Wisconsin cannot lead in this field unless it takes deliberate measures to rid the state of prejudice and discrimination. Racial and religious restrictive covenants and practices must be outlawed. Public services and institutions must remain open to all the citizens. The right to employment at each individual's level of achievement and ability must be guaranteed."

"But this is only the beginning. A climate of inter-racial and inter-faith cooperation for mutual well-being must be created. A program of inter-cultural education must be conducted in the press, over the air, from the pulpit and platform, and in classrooms. Government agencies and community groups must include minorities in their planning and administrative bodies. Minorities must forsake the fringes of group living and become an integral part of community life. All citizens must concentrate on the common goals for all the people. Wisconsin must take the offensive in its battle against intolerance. Its history and tradition call for action now."

How does such an individual as Pauline Coggs feel when she is discriminated against and humiliated? The home-owner who refused to rent to her and her veteran law-student husband was wrong when he said, "I suppose you get used to it." She replied, "You don't get used to people pulling out a chair to sit beside you and then walking away suddenly when they see who you are. You don't get used to being told you are brilliantly qualified for a job but you can't have it because your skin is black. You don't get used to the word '*nigger*' or the cruel, cowardly philosophy behind it. You often feel angry, you take advantage of any opportunity you have to talk a situation through, to salvage any self-respect and self-esteem you can. You often shed bitter tears of humiliation. But I guess if you have a basic democratic philosophy, you can take it. When you are able to tell yourself that it's ignorance and superstition and myth you are dealing with, rather than hatred for yourself as an individual, it becomes a little easier to face the issue."

Social case workers, the essence of whose skill involves understanding and helping in the resolution of conflicts of individuals, have no difficulty in appreciating the feelings of resentment which rejected minority groups have. A Negro leader, Dr. W. E. B. DuBois in elo-

quent language wrote of the psychological effect of segregation, condescension, discrimination upon individual Negroes and upon the race. "It is difficult," he said, "to let others see the full psychological meaning of caste segregation. It is as though one, looking out from a dark cave in a side of an impending mountain, sees the world passing by and speaks to it; speaks courteously and persuasively, showing them how these entombed souls are hindered in their natural movement, expression and development, and how their loosening from prison would be a matter not simply of courtesy, sympathy, and help to them, but aid to all the world. One talks on evenly and logically in this way, but notices that the passing throng does not even turn its head, or if it does, glances curiously and walks on. It gradually penetrates the minds of the prisoners that the people passing do not hear; that some thick sheet of invisible but horribly tangible plate glass is between them and the world. They get excited; they talk louder; they gesticulate. Some of the passing world stop in curiosity; these gesticulations seem so pointless; they laugh and pass on—then the people within may become hysterical. They may scream and hurl themselves against the barriers, hardly realizing in their bewilderment that they are screaming in a vacuum. . . . They may even, here and there, break through in blood and disfigurement, and find themselves faced by a horrified, implacable, and quite overwhelming mob of people frightened for their own existence.

"It is hard under such circumstances to be philosophical and calm, and to think through a method of approach and accommodation between castes. The entombed find themselves not simply trying to make the outer world understand their essential and common humanity but even worse, as they become inured to their experience, they have to keep reminding themselves that the great and oppressing world outside is also real and human and in its essence honest."²

Most everyone knows that racial prejudice of the kind described and condemned by Mrs. Coggs exists. Only the Rankins and the Talmadges and the Bilbos do not admit it for what it is, a disgrace to modern civilization. Innumerable illustrations of racial tensions can be found in the headlines of both northern and southern newspapers, in magazines, poetry, novels, biography, sociological treatises. Here are a few of the headlines found during and following the war which typify problems, reactions and efforts to do something:

² *Today and Tomorrow*, a paper of information and opinion, Editor-Publisher, Louis Adamic, Milford, New Jersey, January-February, 1945.

- Race Bias Seen Key to Crime
- Foes Exploit Our Race Division
- Leaders of South Seek Race Accord
- Tennessee Repeals Poll-Tax Law
- F.E.P.C. Tells Eight Concerns to Lift Race Bias
- Order Rehiring of Three Hundred Negroes
- Willkie Says War Liberates Negro
- Union Orders End of Race-Row Strike
- Churches Ask to End Race Bias
- Mississippi Tests Negro's Rights to Vote
- Bilbo Urges Defiance on Red-Blooded Anglo Saxons

The May 20, 1946, issue of *Life* pictorializes the sorority fight of the Vermont chapter of Alpha Xi Delta. That sorority took a nineteen-year-old Negro girl from Washington, D.C. into membership. National headquarters suspended the chapter for admitting her, but the resolute girls refused to rescind their action.

Reactions of Negroes. Poets great and small have told of human suffering due to race feelings. Claude McKay in a sonnet entitled "America" wrote: *

Although she feeds me bread of bitterness,
And sinks into my throat her tiger's tooth,
Stealing my breath of life, I will confess
I love this cultured hell that tests my youth!
Her vigor flows like tides into my blood,
Giving me strength erect against her hate.
Her bigness sweeps my being like a flood.
Yet as a rebel fronts a king in state,
I stand within her walls with not a shred
Of terror, malice, not a word of jeer.
Darkly I gaze into the days ahead,
And see her might and granite wonders there,
Beneath the touch of Time's unerring hand,
Like priceless treasures sinking in the sand.

In a different vein Langston Hughes also wrote of America. His poem is called, "I, Too" and reads: †

^ I, too, sing America.

I am the darker brother.
They send me to eat in the kitchen

* From *Harlem Shadows* by Claude McKay. Copyright 1922 by Harcourt, Brace and Company, Inc.

† Reprinted from *The Dream-Keeper* by Langston Hughes, by permission of Alfred A. Knopf, Inc. Copyright 1932 by Alfred A. Knopf, Inc.

When company comes,
But I laugh,
And eat well,
And grow strong.

Tomorrow,
I'll sit at the table
When company comes
Nobody'll dare
Say to me,
"Eat in the kitchen,"
Then
Besides,
They'll see how beautiful I am
And be ashamed,—

I, too, am America.

Can there be a more poignant and lovely statement of Negroes' reactions to life than that of Countee Cullen in "The Dark Tower"? ‡

We shall not always plant while others reap
The golden increment of bursting fruit,
Not always countenance, abject and mute,
That lesser men should hold their brothers cheap;
Not everlastingly while others sleep
Shall we beguile their limbs with mellow flute,
Not always bend to some more subtle brute;
We were not made eternally to weep.

The night whose sable breast relieves the stark
White stars is not less lovely, being dark;
And there are buds that cannot bloom at all
In light, but crumple, piteous, and fall;
So in the dark we hide the heart that bleeds,
And wait, and tend our agonizing seeds.

Following the eviction from a Washington restaurant of a white farmer, father of a war hero, because he was not properly dressed, a twenty-two-year-old Negro girl wrote a poem making comparisons between undemocratic treatment of ill-clad whites and all Negroes. She calls it "Study in Black and White."

He couldn't eat there because he had no tie
Around the collar of his work-worn shirt.
Nor did he have a coat upon his back.
Of coats he needed none around the farm.
His son had served this country—died, in fact,
In war-scarred Europe, near the battle's end.

‡ From *Copper Sun* by Countee Cullen. Copyright, 1927, by Harper & Brothers.

Now he had left his land, here to receive
His Nation's tribute for his boy's brave deeds.

But from his broad chest came a mournful sigh—

He couldn't eat there because he had no tie.
Among the crowd that gathered where he stood
Proclaiming his maltreatment for all ears,
There was a man, who hearing what had passed,
Moved quietly away, and said, "So what?"
He couldn't eat there, either, though he owned
A hat, a tie, a coat, and other marks
Of pseudo-civilization; and he knew
Which of the shiny forks went with each dish.
His son had been a hero, and his sire
Had medals from the small but bloody war
Of eighteen ninety-eight. He, too, had served
Democracy's ideal in the last war.

And though of clothes he showed no sign of lack,
He couldn't eat there, because his skin was black.⁸

Carey McWilliams' *Brothers Under the Skin* is a sociological exposure of the fallacies of the white-supremacy doctrine. Gunnar Myrdal's *An American Dilemma* is the most recent exhaustive study made by a sociologist and a large staff of the Negro-white situation in America. His materials cannot be accused of bias since he is a Swedish sociologist. Many times in this chapter we call on them for facts.

There are few if any more heart-rending novels about Negro suffering than those of the Negro writers, Richard Wright in *Native Son*; of Ann Petri in *The Street*; and of the white southern writer, Lillian Smith in *Strange Fruit*. Richard Wright's own story is told in *Black Boy*.

Cayton and Drake's *Black Metropolis* and Roi Ottley's *New World Acoming* are biographical and sociological. In the foreword Ottley states that his book might be called *Inside Black America* for it is an intimate story of Negro life. It is of Harlem with its infinite varieties of persons and situations which he thinks can be used as a test-tube for Negro thought and action. Ottley, who wrote this book in 1943, pointed out that world events had lifted the American Negro problem out of its domestic setting and given it world significance. Black men in the United States were feeling a resurgence of kinship with the colored peoples of the world. His book is in reality a study of black nationalism, indeed of black chauvinism.

Two world wars in one generation are in no small part responsible for the upsurge of tensions between Negroes and whites. If Negroes

⁸ *Trends and Tides*, March-May, 1946.

were required to fight for their country and its "democratic way of life," had they not a right to expect equal treatment, in and out of the armed forces during and after the war? Typical of the bitter feeling engendered by World War II is an incident reported by Ottley. A Harlem physician was hailed into court for driving about with a large sign which read:

Is There a Difference?
 Japs Brutally Beat
 American Reporter

 Germans Brutally Beat
 Several Jews

 American Crackers
 Brutally Beat
 Roland Hayes and Negro Soldiers

Discrimination against Negroes in employment which had increased during the depression of the '30's continued into national-defense programs in the late '30's and early '40's. The situation became so bad that threat of a march on Washington was the measure taken to include Negroes in expanding war industrial development. A. Philip Randolph, President of the Brotherhood of Sleeping-Car Porters called upon thousands of Negroes to march to Washington, July 1, 1941, because as he said, "The administration leaders in Washington will never give the Negro justice until they see—masses, ten, twenty, fifty thousand Negroes on the White House lawn." ⁴ Through the intervention of Mrs. Roosevelt four days before the critical day, Randolph and Walter White of the National Association for the Advancement of Colored People and others were called to Washington. The result was President Roosevelt's Executive Order 8802 which outlawed discrimination in government and war industries and which created the Committee on Fair Employment Practices, the first presidential order affecting Negroes directly since Lincoln's day. This order committed the government to opposing racial, national, and religious discrimination in war jobs, whether the employer was the government or private industry. It pronounced a significant war-time governmental policy.

Despite the activities of the FEPC, Negroes often could not get war-time jobs and wages. They had to live in the most miserable tenements. They did not receive their share of recognition in the armed forces. They resented being excluded from the benefits accruing out of a war-time situation. They knew that they rendered service com-

⁴ Roi Ottley, *New World A'Coming*, Boston: Houghton Mifflin Company, 1943, p. 291.

mensurate with their education, training, and experience. If they gave service inferior to that given by white employees or white troops, it was either because they were given inferior jobs or because they were unequipped to do what was expected of them. They did the best they could; they are proud of their standard of service; they do not mean to keep on taking the white man's contempt in an abject and subservient manner.

In the words of the President of the Julius Rosenwald fund:

Coming back from (war), the whole young male (Negro) population—will never again fit into the serfdom of southern feudalism or into second-class status in northern industrial cities. It is too late ever again to keep Negroes in their place. If we wanted that, we should never have drawn them into war production nor called them to the tremendous education of the armed forces. We now have the problem—and the opportunity—to build Negroes, with all other citizens, into a common working force, which may then produce the highest standard of living ever known by any people; into a common culture, which will be enriched by the wisdom and ingenuity of this race as it has been by their art and music; into a common social and political order which may then become a true democracy.⁵

Recapitulation. What we have been saying up to this point is that the American Negro lives in a world where neither his wishes nor his rights, when in conflict with those of the dominant culture, receive much attention. Despite the Emancipation Proclamation, the white man has too often, in effect, continued to be the Negro's lord and master and the Negro forced to remain slave. He does not mean for this situation to go unchallenged. This is not to imply that any considerable number of Negroes dream of an armed uprising against intolerable conditions, nor that they want an inter-racial war between the colored and white races. It does mean that the Negro is going to strive for the elimination of Jim Crow discrimination, for equality of educational and employment opportunities, for decent standards of living. It does mean that he is going to set up his own pressure groups and to ally himself with any and all groups which believe in him and in his struggles. It does mean that he is going to push for the elimination of the myth of racial superiority and inferiority so that he can get what every human being is entitled to, a decent standard of living and a recognition of the American principle that "All men are created equal" in the sight of the law.

⁵ From a recent statement by President Edwin R. Embree of the Julius Rosenwald Fund, quoted in *Today and Tomorrow*, Editor-Publisher, Louis Adamic, Milford, New Jersey, March-April, 1945.

THE RACIAL MYTH

Is it true, as so many people think, that peoples with colored skins, especially those with black exteriors, are inferior to people with white skins? Let us examine this assumption.

The Director of the Chicago Round-Table of Christians and Jews in an article entitled, "But It Isn't So," in a popular vein answered some of the common misstatements regarding racial inferiority. Here are some of the current misbelief about Negroes and the answers.

They Say: The Negroes are, after all, a primitive race; they have to be treated as children before they can compete on equal terms with white people.

But the Facts Are: All anthropologists would disagree. Some African tribes are primitive in their customs—which only means that they have been outside the stream of modern civilization. American Negroes, most of whom have been here more than 200 years are not primitive. Many are ignorant, because they have been poor and lacked educational opportunities, as are many whites in the South. No race in the history of the world has made such progress along all lines as have the Negroes in the past seventy-five years in the United States. In many spheres—music, theater, science—they are actually competing successfully with white people.

They Say: When a few Negroes do make an outstanding record, it is because they have white blood in them.

But the Facts Are: Negroes with white blood (genes is a more accurate word than blood) often make an outstanding record largely because they have had unusual opportunities often given them by white fathers. There is no evidence whatever that black skin means inferior mentality. Pigmentation of the skin has nothing whatever to do with intelligence or morality.

They Say: Negroes are naturally irresponsible and inefficient; you just can't give them jobs in business and industry on an equality with white people.

But the Facts Are: Since the war began thousands of Negroes have been given responsible positions. George Washington Carver is only one example of a Negro scientist. Few of us have ever heard of Ernest Just, one of America's greatest biologists. There are hundreds of Negro chemists; many are excellent machinists and executives in important positions.

They Say: If you allowed Negroes to associate socially with white people, it would mean a lot of intermarriage.

But the Facts Are: This is an unfair assumption that Negroes want to marry white people. The statement infers that the matter of intermarriage is of primary concern. The question of first importance is that equality of opportunity prevail in such matters as schooling, housing, and jobs. Because one desires amicable racial relations, it does not follow that he insists upon intermarriage.

They Say: The paternal attitude which southerners have toward Negroes is better than the indifference of the northerners.

But the Facts Are. Paternalism is not the answer. All self-respecting Negroes resent it. Neither is indifference the answer. Moreover, many southerners no longer treat Negroes in a paternal way.⁶

Numbers of scientists and scholars have exposed the fallacy of racial superiority. Among them are Ruth Benedict, teacher of anthropology at Columbia University, and M. F. Ashley Montagu, teacher of anatomy at the Hahnemann Medical College and Hospital in Philadelphia. The substance of the following discussion refuting the belief in racial superiority comes mostly from Benedict's, *Race: Science and Politics*, and Montagu's, *Man's Most Dangerous Myth: The Fallacy of Race*.

These writers point out that the racial myth is only about one hundred years old. Before that time, feelings of superiority were built on religious, political, or economic grounds. The Jews were persecuted because of their religion not their blood. Negroes were enslaved because they were pagan and for economic advantages, not because they were black. Non-believers were persecuted during the period of the Inquisition for heresy and for political and economic reasons.⁷ Religious persecution in the name of Christ lasted for centuries. Today we are shocked at persecution for religious reasons. Perhaps future generations will look back to the nineteenth and twentieth centuries and be amazed and horrified at the injustices imposed upon "inferior races."

Why should race prejudice have swept over the western world where no nation is anything but a mixture of all races? The answer, writes Benedict, is fear. Weak nations are afraid of strong nations; the poor are afraid of the rich; the rich are afraid they will lose their wealth. People fear the political and economic power of others. Conflict grows out of fear. The slogan of *inferior races*, the epithets of *Niggers*, *Wops*, *Yids*, *Chinks*, furnish scapegoats, and we pin on to them our irritations, fears, antagonisms.

Actually, according to Montagu, "There exists no evidence whatever that mental ability and cultural achievement are functions which are in any way associated with genes linked with those for skin color, hair form, nose shape, or any other physical character. It is, therefore, from the genetic standpoint impossible to say anything about a person's mental ability or cultural achievement on the basis of such physical characters alone. Cultural differences between peoples are

⁶ Dr. James M. Yaird, reprinted from the *International Journal of Religious Education* in, *The American Teacher*, April, 1944.

⁷ Ruth Benedict, *Race: Science and Politics*, "Why Then Race Prejudice?" New York: The Viking Press, 1943, Chapter VIII.

due to a multiplicity of historical causes, which have nothing whatever to do with genes and which are essentially and fundamentally of a social nature; to the same causes are due the differences in the cultural conduct of the members of those different cultures. Hence, on biological grounds and as a consequence of the common ancestry of all peoples—however much they may differ from one another in their physical characters—there is every reason to believe that innate mental capacity is more or less equally distributed in all its phases in all human groups. If this is so, and this is a matter which can be tested, there can be not the slightest justification for the assertion that ethnic mixture would lead to the intellectual deterioration of any people. The evidence is all to the contrary, as the frequency of the phenomenon of hybrid vigor among human beings proves.”⁸

Authorities differ somewhat in their classification of races but generally the three primary races or divisions of mankind are considered to be the Caucasian (White), Mongoloid (Yellow), and Negroid (Black). Some authorities prefer to speak of ethnic rather than racial groups since none of them is pure, all being mixed or hybrid. There is every evidence, scientists say, that man does not spring from several different racial stocks but from a single species or stock, that his development represents a “unitary whole,” that his differences are probably mutations and adaptations to different environments.

Science has taught us that all races really are brothers under the skin, that there are no blood differences based on race. Benedict reminds us that all human blood is the same except for one medically important difference. In the first early experiments with blood transfusions, it was discovered that clumping together of red cells (agglutination) sometimes caused death. It was soon learned that there are four types of blood, O, A, B, and AB, and that O can be mixed successfully with the others but none of the others can mix together. These four types of blood are inherited but Caucasians, Mongoloids, Negroids—all three races—have all of these types of blood. Today doctors do not type blood for transfusion but red and white cells are removed and the remainder, blood plasma, is the same whatever color of person it came from. It seems a little ridiculous, doesn't it, that Red Cross blood banks should have separated the blood of Negroes and whites when chemically it is all the same!

It is true, of course, that there are different physical characteristics

⁸ M. F. Ashley Montagu, *Man's Most Dangerous Myth*, New York: Columbia University Press, 1942, pp. 135-136.

between the races, but there is no evidence that whiteness is a superior characteristic to blackness—only that white skin developed as an adaptation to an environment with relatively small amounts of sunlight and black skin as an accommodation to those areas of the world with brilliant and continuous sunlight. One wonders how long before the sun-tan faddists of today fear for their racial identity! It is also true that there are many evidences of cultural differences as between whites and blacks. There is more sickness, more crime, more illegitimacy, more illiteracy, more dependency, more unskilled labor among Negroes than whites. Authorities assure us that this is not because of inherent racial differences but because there are fewer hospitals and doctors available to Negroes, fewer schools and many of them inferior, fewer recreational and cultural resources, less police protection, less opportunity for skilled jobs and good wages, fewer areas of decent housing.

Outstanding Negroes. Despite the fact that his skin and nose and hair are different and even though the resources made available to him are inferior to those of his white neighbors, Negroes have achieved success in many fields. Everyone knows the names of the singers, Paul Robeson, Marian Anderson, Roland Hayes, Dorothy Maynor. Many know the names of the poets Langston Hughes, Paul Lawrence Dunbar, James Weldon Johnson, Countee Cullen. Radio listeners know Hattie McDaniel, Rochester, "Bojangles" or Bill Robinson, and the music of "Fats" Waller, Duke Ellington, and Cab Calloway. Every sports fan cheers for Joe Louis, the fighter. Theatergoers are thrilled by Canada Lee, Paul Robeson, Ethel Waters. Reformers and educators know Lester B. Granger, W. E. B. DuBois, Charles S. Johnson, and Walter White. Alain Locke, the philosopher, George Washington Carver, the scientist, and many others have made their distinctive contributions to American culture.

Are we all—Negroes and whites—to feel defeatist because with no scientific evidence for racial superiority there is so much injustice based on this belief? There is no doubt that plenty of people with much justification do feel hopeless about the situation. The writer, for example, heard one sociologist comment, "I see no hope for the race problem." Others feel unduly optimistic, in part because they refuse to recognize facts and so brush away the problem of discrimination. Some feel that nothing more than is being done needs to be done. Others feel that compromise and slow methods are desirable. Still others with abolitionist zeal favor aggressive speech and action. Some Negroes, possibly symbolized by the deceased Booker T. Wash-

ington, favor adjustment, moderation, patience in the conviction that in the long run the white man will accept the Negro and give him equal economic and political opportunities. Others like DuBois and Walter White favor immediate and positive action. Since there are so many shades of feeling about the Negro, there is room for many kinds of agencies to work with him and his problems.

SERVICES AND RESOURCES FOR NEGROES

Ruth Benedict in her book earlier referred to, states that we cannot find cures for racial prejudice if we do not understand why racism is so important in our times. It is her premise that we do not have to investigate *race* to understand race persecution but rather *persecution*, an old story before racism was ever thought of. Racial slogans serve the same purpose today that religious slogans served earlier; they justify persecution in the interest of some class or nation. To understand *race* conflict, we have to study *conflict* and we know that conflict arises out of injustices. If we expect to end prejudice, whether racial or religious, we must reduce social abuses.

The elimination of racial conflict, according to Benedict, requires social engineering and education. Social engineering means we must have government investment in housing, soil conservation, health, education, and social insurances. We must have prosecution of violators of federal and state laws. We must have agencies which insist that laws protecting minority groups be enforced. Alongside these administrative resources must go education. Youth and adults must be taught the facts of race and the contributions of different racial groups to our civilization. They must also be taught that unsatisfactory conditions of life are not inevitable and inescapable. If to this educational content we add social machinery for achieving the goals of democracy, we shall go far in the reduction of conflict and thus in the elimination of racial hatred.

It sounds trite in this connection, but it is true—Hell is paved with good intentions. There must be machinery—agencies and resources—of many kinds if man's most dangerous myth is to be abolished.

There are many organizations which work with Negroes. Some of them are organized by Negroes for Negroes, some by whites for Negroes; some by Negroes and whites for Negroes, and some by whites for Negroes and whites or any other group needing the special services of the given agency. We shall classify them as (1) reform, and (2) health and welfare services.

Reform Organizations. "Improvement and protest organizations," as they are called by Myrdal may be white or Negro-dominated. Among the organizations which are primarily white is the American Civil Liberties Union. In carrying out its functions of protecting freedom of speech, press and assemblage, of combating repressive legislation and the acts of officials in violation of civil liberties, and by carrying cases to the higher courts, it works closely with Negro groups.

Typical of the cases handled by the American Civil Liberties Union is that of Irene Morgan, who refused to sit in the segregated section of a bus traveling from Gloucester County, Virginia, to Baltimore. The decision of the United States Supreme Court reversed her conviction and fine of ten dollars. This decision outlawing Jim-Crow regulations in interstate bus travel by a six to one decision June 3, 1946, is only the beginning of the legal fight to eliminate racial segregation on American interstate carriers, according to Civil Liberties Union attorneys. The decision was made on too narrow a basis since Justice Reed who rendered the majority decision did not deal with the question of discrimination, but merely held that segregation in interstate bus travel causes so much confusion and trouble as to put an undue burden on interstate commerce. Civil Liberties Union attorneys point out that the decision does not affect segregation on buses traveling inside state borders. Southern bus companies now face the problem of two classes of Negro passengers—interstate Negroes who cannot be segregated and intrastate Negroes who can.⁹

The League for Industrial Democracy, the American League for Peace and Freedom, the Workers Alliance of America, more or less left-wing predominately white organizations, have shown interest in the Negro. The Communist and Socialist parties, both of which reject racial discrimination, have freely accepted Negroes into membership. The Southern Conference for Human Welfare, the Committee on Economic and Racial Justice, and various state and local organizations, exist to deal with the Negro problem. Part of the work of these organizations is to combat the activities of such anti-Negro organizations as the Ku Klux Klan, the women of the KKK, the White-America Society, the National Association for the Preservation of the White Race.

Negroes are great joiners of many kinds of organizations, most of which are short-lived. Nationalist and Back-to-Africa movements gain

⁹ *Civil Liberties Quarterly*, No. 61, June, 1946.

a following for a short time and then fade out. Business and professional organizations are usually local, but whether national or local, their membership and range of influence is small. The significance of many of these distinctly Negro organizations lies in the fact that increasingly Negroes are organizing themselves for concerted action, and these and other organizations "give an institutional sanction to protests against various kinds of discrimination."¹⁰

The three most important national organizations in the Negro struggle against caste are the National Association for the Advancement of Colored People, the Urban League, and the Southern Regional Council. None of these is exclusively a Negro movement but a joint effort of whites and Negroes. The first two are national in scope with offices in New York, whereas the Southern Council works in the south only, and has its center in Atlanta, Georgia, also headquarters of the KKK.

The NAACP, the most important agency for Negroes, was started on the initiative of whites after a severe race riot in Lincoln's home city, Springfield, Illinois. Oswald Garrison Villard drafted a call for a conference of liberal Negroes and whites in December, 1909, the hundredth anniversary of Lincoln's birthday. Out of this conference came the organization to which DuBois gave leadership for many years. The main objective of the organization has always been to gain full equality for the Negro as an American citizen. Its specific objectives as recently outlined are:

1. Anti-lynching legislation.
2. Legislation to end peonage and debt-slavery among share-croppers and tenant farmers of the South.
3. Enfranchisement of the Negro in the South.
4. Abolition of injustices in legal procedure, particularly criminal procedure.
5. Equitable distribution of funds for public education.
6. Abolition of segregation, discrimination, insult, humiliation based on race or color.
7. Equality of opportunity to work in all fields with equal pay for equal work.
8. Abolition of discrimination against Negroes in the right of collective bargaining through membership in labor unions.¹¹

The organization works through its national branch or local offices. All employees in the national office are Negroes; the president has al-

¹⁰ Gunnar Myrdal, *An American Dilemma*, New York: Harper and Brothers, 1944, Vol. II, p. 817.

¹¹ *Ibid.*, p. 820.

ways been a white man. The total membership, according to the 1945 *Social Work Year Book* was about 350,000. Its magazine, *The Crisis*, is published monthly. Its national budget, when Myrdal was writing, was about \$85,000. The national staff is paid; local workers are mostly volunteer workers. Its outstanding secretary is Walter White.

The headquarters office acts as the watch-dog of the rights of Negroes and other minority groups. When anything important develops on the national or local scene which is detrimental to the interests of the Negro, the association intervenes. It carries on systematic lobbying in Washington and state capitols. It lays great stress on its legal activities. In hundreds of cases its lawyers have been helpful in saving Negroes from unequal treatment by the courts. It is not a legal-aid society, but it selects cases for their importance to the movement for equality. It has also been active in defending the Negro's right to vote. In 1915 it succeeded in having the "grandfather" clauses of southern state constitutions declared unconstitutional. It has fought cases connected with the white primary and other means of disfranchising Negroes. In recent years it has given attention to the barriers against Negro students and the unequal salaries of Negro teachers.

The Urban League also was started on white initiative. In 1911 three organizations concerned with the Negro merged and became the National League on Urban Conditions Among Negroes. The philanthropists, social workers, professionals, Negroes and whites, who formed the organization maintained that the Negro needed not alms but an opportunity to work at the job for which he was best fitted with equal pay for equal work and equal opportunity for advancement. Its present secretary is Lester B. Granger, a Negro. In 1945 it operated on a budget of about \$150,000, including the publication of its quarterly magazine, *Opportunity*. It had local branches in fifty-four cities. In many cities it belongs to the Community Chest.

The Urban League carries on diverse activities. It promotes interracial organization and action; seeks to improve economic and social conditions among Negroes in cities; conducts social research and planning; promotes special social-work activities for Negroes until other agencies accept responsibility. It administers day-nurseries, child-placement agencies, institutions for pregnant Negro girls. It organizes clubs, parent-teacher associations, study groups, health weeks, parole supervision. All branches function as employment

agencies. Many of the activities involve the skills of the social worker, especially case work.

The Southern Regional Conference organized in 1944 has taken over the work of the Commission on Inter-racial Coöperation organized in 1919. Influential white and Negro southerners work together. The conference bores from within to improve race relations in the region where they are worst. It is the liberal southern racial organization. It demands a fair opportunity for the Negro as wage-earner, equal participation in governmental welfare programs, equal justice under the law, suffrage and civil liberties. Its chief methods are publicity, conciliation, education, and moral persuasion. It publishes *The Southern Frontier*. Perhaps one of its most important contributions is that it has rendered inter-racial work respectable in the south. Many Negroes are critical of the organization because it does not work more aggressively, but it must be recognized that its situs and its function require opportunism and slow movement.

Myrdal, who has written an excellent description and critique of these three organizations, comments that there is little overlapping or duplication or rivalry between them. He goes further and states that there is need for extensive organization and specialization. For example, Negroes need to be integrated into the labor movement and so an inter-racial labor movement separate from the A.F. of L., CIO and John L. Lewis' insurgents should be organized. There should also be, he thinks, a Southern Legal Aid organization working on law enforcement, preferably an inter-racial organization defending the rights of *all* poor and disadvantaged people and not just the rights of Negroes or of those Negroes whose legal problems have wide significance.

Reference should be made to a fourth important organization in this field. The American Council on Race Relations was established in 1944 through joint action of the Rosenwald Fund and the Marshall Field foundation with headquarters in Chicago. Its purpose is to give guidance to currently unrelated inter-racial movements. It correlates the work of mayors', governors', and citizens' Race Relations committees, most of which sprung up after the 1943 race riots. It conducts schools for police on handling racial disturbances. It furnishes consultants upon request and stimulates interest in race relations through schools, radio, press, and films.

More than one hundred national organizations carry on programs which have a direct or indirect bearing on race relations. We have mentioned several of the most important. A number of denominational church organizations have established race programs. The

American Missionary Association of the Congregational and Christian churches, for example, sponsors a comprehensive program which includes sending field workers to tension areas, an institute of race relations for training workers in the field, and publications to guide individual and group activities. The Catholic church has an active Inter-racial Council and the American Friends have long been known for their interest in race relations. The Federal Council of the Churches of Christ in America has a Department of Race Relations and a Commission on the Church and Minority People.¹²

We have already referred to the March-on-Washington movement and the creation of the Committee on Fair Employment Practices. When Congress in 1944 tried to abolish the committee, public support rallied. Unfortunately the committee died on July 1, 1946, along with another important wartime agency, OPA. Its demise will be welcomed by the racists and regretted by those whites and Negroes who realize that this organization provided governmental machinery for adjusting some industrial discrimination. To repeat—there now exists no federal statute against discrimination—a peacetime FEPC would have provided federal legislation prescribing a non-discriminating public policy. Talk without machinery is ineffective!

Herbert R. Northrup in a *Public Affairs* pamphlet entitled "Will Negroes Get Jobs Now?" points out that the problem of discrimination in employment, whether committed by employers or by unions, is a problem of labor relations. He suggests that since the FEPC did not have enough authority during wartime to enforce many of its orders, a post-war agency charged with like duties should be given more power. He believes this can be done by amending the National Labor Relations Act (the Wagner Act) and the various state acts to provide that discrimination by either employer or union because of race, color, creed, or national origin is an unfair labor practice forbidden by law. Or it can be done by creating permanent national and state FEPC's. He seems to favor the former method. If the latter is done, the committees or commissions should be given power to petition courts to enforce their directives.

With the exception of the Urban League, which is a combination social-welfare and Negro-advancement organization, we have been describing some of the organizations, whose primary purpose is the protection and advancement of Negroes. Most of these organizations

¹² Edwin R. Embree, "Inter-racial and Intercultural Activities," *1945 Social Work Year Book*, pp. 194-199; see also Lester B. Granger, "Negroes," *1945 Social Work Year Book*, pp. 280-288.

are administered by both races, and all are voluntary except the FEPC. The nationalist movements are carried on by Negroes for Negroes, although there has been some question as to whether or not white supremacy propaganda money has not been behind the scenes!

EDUCATIONAL, HEALTH, AND WELFARE SERVICES

Educational, health, recreational, housing, relief, and other welfare agencies, what the English call the social services, furnish services to *individual* Negroes in contrast with the agencies just described which are interested in Negroes as a *group*. These general-welfare agencies may furnish segregated services or provide for Negroes and whites alike.

Educational Services. In the North Negroes and whites attend the same schools, are taught by the same teachers, participate in the same activities. This is not to say there is no discrimination but rather that there is no ideology of discrimination. In the South this is not the case. Segregated schools for Negroes, usually taught by poorly-trained and paid Negroes characterize the southern educational system. Control over Negro schools is in the hands of whites who constitute the state and local boards of education, making it necessary for Negro teachers to accommodate themselves to the thinking of their employers. Elementary-school teachers, especially in rural areas, are thus in no position to assume a rôle of leadership in obtaining benefits for Negro school children. In Negro high schools and colleges, where the teachers are better trained and paid, there is more chance for independent thinking and acting. This is due not only to their better training but also to the fact that in urban communities there is less likelihood that members of the boards of education will have or take the time to familiarize themselves with problems. Private Negro colleges, frequently financed by northern philanthropists and church groups, often enjoy considerable academic freedom—sometimes even more than their white colleagues in state institutions.¹⁸ College teachers are also more likely to feel free to participate in community-wide Negro improvement movements.

Ever since public education for Negroes was started in the South, there has been disagreement among the white population and among the Negroes themselves as to whether Negro education should be primarily industrial or classical. Booker T. Washington has been considered the early champion of industrial education. W. E. B. Du-

¹⁸ Myrdal, *op. cit.*, Vol. II, Chapter 41, "The Negro School," p. 881.

Bois is one of the present-day advocates of classical education. The group typified by Washington believed industrial education would meet the needs of more Negroes; the group typified by DuBois feared that the South, which favored industrial education, would thus prevent the Negro from competing for the more skilled, white-collar, and professional positions and keep him out of higher American culture. At the present time both industrial and general education systems are found and both are, generally speaking, inferior. Subjects taught are limited in scope, the quality of teaching is poor, the school year is short. Facilities for vocational and industrial education are inadequate because the South is coming to fear competition from the well-trained Negro worker. Southern Negroes may not attend state colleges for the white population. They must either attend special state institutions for Negroes or attend out-of-state colleges with the state paying out-of-state tuition. In either instance the taxpayer bears the additional burden. Despite all this, the tremendous demand for education by Negroes since the Civil War has resulted in a relatively high degree of literacy. This, of course, means greater exposure to ideas different from those of the dominant group.

Poor as Negro education is, there is, according to Myrdal, a definite tendency upward. This trend is gaining momentum because of northern philanthropy, Negro pressures, the aid of federal agencies, and the growth of southern liberalism.¹⁴ If the federal government finds it necessary to develop a public-works program to alleviate unemployment, the southern Negro will be helped by the erection of school buildings. If and when the federal government makes state funds available for general education as well as for vocational and agricultural education, the standards for Negro schools will be raised. The skillful strategy of the National Association for the Advancement of Colored People will likely force a raise in the salaries of Negro teachers and possibly push open the doors of graduate schools to Negroes or at least compel graduate training in state-supported Negro schools. Segregation will continue, but the costs of secondary educational systems will become an increasing financial burden with the possibility that segregation, at least on the expensive graduate level, may break down. Changing agricultural and industrial conditions in the South, the growth of southern unionization, Negro migration to northern and southern cities, the insistence of Negroes themselves, will force southern educational institutions to make adjustments and improvements. In the meantime, the North will continue,

¹⁴ Myrdal, *op. cit.*, Vol. II, p. 903.

in Myrdal's language, "To get untutored and crude Negro immigrants from the South" who will be a heavy burden on the social and economic order of that region. The motive of self-interest, if no other, forces the North to be interested in Negro education.

Health Services. Mortality and morbidity rates are higher for Negroes than whites, in large part, due to the inadequacy of preventive and treatment resources rather than to greater susceptibility.¹⁵ The Negro maternal death rate is more than twice that for whites and the death rates for infants somewhat less than twice as much.¹⁶ From the first two million Selective Service examinations it was found that 47.7 in every thousand American males twenty-one to thirty-five gave evidence of syphilitic infection, that among Negro men the rate was 272 per thousand and among whites 23.5. The combined white and Negro rate in the southern states was more than four times that of other parts of the country.¹⁷ The two places where the authority of Public Law 163 (The May Act) was invoked were around Camp Forest, Tennessee, and Fort Bragg, North Carolina. Under this law prostitution became a federal offense and the Secretaries of Army and Navy had the right to close areas where prostitution was not locally controlled to military men.

The Negro needs public health services even more than whites because he cannot afford private services, but the quantity and quality of public health services available to him are woefully inadequate. The level of hospital services in the North is fairly high; in the South the pattern of hospital organization for Negroes is like that for education. In some localities segregated hospital services are reasonably adequate; in others exceedingly poor. Myrdal found better services for Negroes in out-patient clinics than in hospitals.

The federal government has done a good deal in the last decade or more to equalize public health services for Negroes and whites. For example, through grants-in-aid to the states, it has expanded maternal and child-health clinics and venereal-disease clinics, and Negroes have shared in the benefits. Whenever Congress enacts federal aid legislation—whether in the field of health, education, recreation, housing, public assistance—non-discriminatory clauses should be included to give some guarantee of equal benefits to Negroes and other minority groups.

¹⁵ *Ibid.*, Vol. I. pp. 344-346.

¹⁶ Sarah S. Dietrick, "Maternal and Child Health," 1945 *Social Work Year Book*, pp. 248-252.

¹⁷ J. P. R. Heller, Jr., "Social Hygiene," 1945 *Social Work Year Book*, pp. 430-435.

National Negro Health Week sponsored by the United States Public Health Service has been responsible for drawing considerable attention to the health of this group of citizens. It has come in for a large measure of criticism as an educational device. Negro leaders feel that this racial emphasis has resulted in a distorted picture of the real health situation among Negroes. An increasing number of Negro and white leaders are criticizing the current emphasis placed upon venereal disease and tuberculosis as special Negro problems. They call attention to the fact that Negroes do not have the same quality of service as white patients.

Under New Deal agencies like PWA and WPA, numbers of hospitals were built which especially benefited southern Negroes. In 1946 Congress enacted legislation authorizing grants to the states and localities for hospital and clinic construction. The health of Negroes will be greatly affected by this act.

Several national health agencies have recently paid special attention to Negro health needs. During the war the National Nursing Council for War Service, supported by the National Association of Colored Graduate Nurses, and the National Organization of Public Health Nursing concentrated their attention upon the limitations placed upon Negro nurses in the armed services, worked for larger training opportunities for Negro professionals and attacked differentials in salaries. The National Tuberculosis Association gives a large number of days of field service to its Negro programs. The Planned Parenthood Federation of America has appointed a Negro field consultant to carry on an educational program through institutes and clinics that will provide help to Negroes in planning for sound family life.¹⁸

In the North both public and private health agencies are available to Negroes. The services are generally performed by white doctors and nurses, although not always. In the South a single agency may give services to both Negroes and whites but not at the same time and not always with the same personnel.

Recreation Services. In the North there are plenty of instances of segregation in commercial, public, and private recreational facilities, as for example, in swimming pools and dance halls. In the South there is widespread opposition to mixed recreation since that means social relationships. This is true in commercial, public, and private recreation. Movies, taverns, dance halls, and pool rooms are all operated on the theory of segregation. Beaches, playgrounds, public parks,

¹⁸ Lester B. Granger, "Negroes," *1945 Social Work Year Book*, pp. 280-288.

movies, and libraries exclude Negroes. No substitutes or very poor ones is the rule. Private organizations like the Scouts theoretically have no rule of discrimination but they make adjustments to the locality.

National recreation organizations realize the inadequacy of resources for Negroes in the North and South. They know there is a correlation between delinquency and inadequate community resources so they are making valiant attempts to expand services. The National Girl Scouts and Campfire Girls have recently attempted to increase the enrollment of Negro members. The Boy Scouts reported in 1943, 101 salaried Negroes on their staffs. Membership reports for the same year showed 2,806 Negro troops and 60,184 Scouts. The national YWCA and the national YMCA have made self-studies of their local racial policies. The reports show that the national YWCA is more effectively organized to give positive leadership on racial-tension matters than is the YMCA. The National Recreation Association shares with these and other organizations especial concern for Negro youth.

Federal agencies also have had some part in helping the southern Negro obtain public recreation resources. During the '30's there were PWA, WPA, and NYA projects for playgrounds and community centers. A recent development is the establishment of community rooms, playgrounds, and nursery schools in or around low-cost housing projects. The Agricultural Extension Service and the Farm Security Administration give recreational services to both Negroes and whites. The recreation division of the office of Community War Services within the Federal Security Agency did much to encourage local recreation during World War II. With the abolition of the service at the end of the war, the southern Negro is again deprived of federal assistance. Until a federal recreation agency with the function of dispensing grants-in-aid to states is created, it looks as though the southern Negro would continue to be deprived of well-organized and well-distributed public recreation services.

During the war, as everyone knows, there were extensive recreational provisions by public and private resources for the armed forces. Outside of the development in camps, the greatest service was rendered by the USO and Red Cross, both of which have been criticized because of policies and practices which excluded or discouraged Negro servicemen and women from using certain rest and recreation centers. The USO established about 350 standard clubs and extension centers staffed by Negro personnel to serve Negro

soldiers and war workers. On the other hand, the United Seamen's Service tolerated a minimum of discrimination. In northern ports all USS facilities were open to seamen regardless of race although Negroes frequently failed to take advantage of this opportunity because of past experiences. In the South USS had to make adjustments to local pressures, but strong effort was made to select staff members sympathetic to a minimum of segregation, to secure Negro representatives on port area committees and to encourage Negroes to use USS facilities. Despite the fact that many of the facilities established during wartime in the South were discriminatory, they did make new and attractive resources available to both servicemen and civilians. It will be unfortunate if southern communities do not hang onto these resources and preserve the interest in community centers developed during the war.

In view of the extensive discrimination against Negroes in commercial, public, and private recreation, it is fortunate that Negroes themselves have been so resourceful in providing for their own sociability needs through churches, lodges, schools, neighborhood organizations, etc. Although many Negroes find satisfaction in these recreational outlets, the fact remains that the lack of public and private recreation resources, the poor and often dangerous quality of commercial recreation for Negroes, and the inadequate police inspection and controls in Negro neighborhoods create serious community problems.

Housing. In both the North and South segregated housing for Negroes prevails. One has only to walk or drive around the Negro sections of any large city to see the extent of substandard housing in which the Negro must live. War migration vastly increased the housing problem for him. OPA restrictions kept rents from soaring, but the inadequate supply of housing in industrial areas necessitated 'doubling-up' and further aggravated already bad slum conditions. Federal and local governmental agencies could not build and remodel fast enough to meet the problem. Private building was completely curtailed.

The period of the '30's forced the federal government to enter the housing field, and World War II increased government participation. The housing policy of the federal government has two aspects: (1) making credit available for private housing; and (2) providing public housing for low-income groups. Negroes have benefited almost not at all from the first policy but have to some extent from the second. About 7,500 or one-third of the dwelling units in projects

built during 1933-1937 by the housing division of the Public Works Administration were for Negroes. By July 31, 1942, there were 122,000 dwelling units built by loan or contract with the USHA; about 41,000 or 33 per cent were intended for Negro occupancy.¹⁹

During the war the Federal Public Housing Authority within the National Housing Agency was authorized to provide housing for persons engaged in war activities in localities where the president found an acute shortage which could not be met by private enterprise. It could provide such housing itself or utilize local public-housing agencies in the construction and operation of war-housing projects. Actually the amount of new war housing which benefited Negroes was very small. Pressure from real estate and federal agencies to keep Negroes in Negro neighborhoods slowed down housing programs. There had been no housing for Negroes during the previous decade so with the aggravation of conditions due to the war, a most acute and dangerous condition prevailed.

The government program for providing housing for Negro war workers and its plans for post-war housing have been severely criticized by Negro and inter-racial groups. The tendency of the federal government to relinquish direction and planning of public-housing programs to local leadership is, in the eyes of these people, a backward step. The absence of Negro participation in local housing plans is noticeable. Of some 350 local housing authorities, 32 in 1944 had Negro membership, though in Newark, New Jersey, a Negro had been elected chairman of the housing authority. A 1944 report of the National Housing Agency showed 622 public-housing projects occupied by Negro tenants with 297 providing for total Negro occupancy and 325 for joint Negro-white occupancy. The total number of public-housing dwelling units occupied by Negro tenants was 92,476. The National Public Housing Conference, the National Committee on Housing and the National Urban League all show great interest in the housing needs of Negroes.

Public housing for low-income groups is very new in this country. Resistance by the vested interests is great. The social worker sees a clear need of extensive public-housing developments, especially for Negroes who are forced to live in segregated and deteriorated areas. Experimentation with various kinds of public and private housing enterprises and with joint occupancy is imperative.

Social Work Services. The social services or welfare services which we have just been describing are not often performed by social work-

¹⁹ Myrdal, *op. cit.*, Vol. 1, Chapter 15, p. 350.

ers. The skills involved are those of the educator, the doctor, the nurse, the recreation or housing expert, the general administrator. There are, however, numerous agencies which make use of the social worker's skills.

Social work among Negroes has taken two directions. *First*, there has been the effort to integrate members of the group into community life through undifferentiated case work and group work; *second*, there has been the trend toward separate provisions with duplication of agencies, facilities, and personnel. Some agencies aim at the breakdown of racial barriers; others work within the framework of segregation. The social worker laboring with Negroes has not only the usual problems of people to deal with but the additional factors of exaggerated tensions and of trying to solve problems with a minimum of resources. He needs great technical skill, unlimited patience, and a more than usual interest in human beings.

It is not necessary to review the public assistance provisions of the country—that has been done in Chapter XII. It is desirable, however, to point out that there is marked discrimination against Negroes in standards of relief administration, especially in the southern states. Myrdal shows that Negroes have often found it more difficult to receive any relief at all than have whites in similar economic circumstances and when they do receive it, the average grant per client or family is smaller than for whites. Social Security Administration figures for the various categories of federal-state relief show much lower average grants in the South than elsewhere. For example, in June, 1945, the average grant for the blind for Washington, the highest state, was \$54.12 and for Kentucky, the lowest state, \$12.96; for old-age assistance for Washington, \$48.29, and for Kentucky, \$11.46, the highest and lowest states, respectively; for aid to dependent children per family in Massachusetts, \$80.32, and in Texas, \$20.80, again the highest and lowest states, respectively. In Mississippi the average grants for the blind were \$22.18, for the aged \$15.42; for aid to dependent children per family \$25.91. In Tennessee they were respectively \$19.99, \$16.08, and \$30.23; in North Carolina \$18.63, \$12.50 and \$24.79. These sample figures show the wide variations as between southern states as well as between regions. All the southern states pay lower benefits to Negroes than to whites.²⁰

Since there are no federal funds for general relief, this means in

²⁰ *Issues in Social Security, A Report to the Committee on Ways and Means of the House of Representatives By the Committee's Social Security Technical Staff H. Res. 204, 79th Congress, 1st Session, 1946, p. 340.*

the South that needy people, both Negroes and whites, have little chance for receiving cash relief. There is very marked need then for the extension of federal grants-in-aid programs to the states for this group of needy people. This will require modification of the Social Security Act.

So far as the social-insurance schemes of the Social Security Act are concerned, there is little likelihood of any direct discrimination in the old-age-and-survivor's-insurance system which is entirely administered by the federal government. Since the Social Security Act does not include agricultural and domestic workers, relatively few Negroes can receive unemployment compensation, a form of discrimination against this group.

In addition to public-assistance agencies which legally should make no distinction in their programs between racial groups there are many other kinds of organizations which render family and child welfare, protective and institutional services. In many northern public and private family and children's agencies there is no intent to differentiate the quality of service for Negro and white clients. Some organizations employ Negro social workers, especially if there is a large Negro population, just as they employ Polish or German workers if there is a large foreign population. In the South if agencies serve both black and white clients, there may be what amounts to two sets of services and even two staffs. Institutions which care for Negroes, whether hospitals or homes for the aged, for delinquents and criminals or for neglected children are inadequate. Relatively few employ professional social workers and when they do the number is entirely too small. A persistent dark spot in the picture of juvenile care, says Lester B. Granger, is the nation-wide absence or inadequacy of institutions and agencies to handle Negro children in the pre-delinquent stage. Foster-home care also lags badly.²¹

The supply of Negro social workers seems to be increasing. This is probably largely due to the fact that there are now several Negro graduate schools of social work, and that the others, if not in the South, admit Negroes. A few agencies in northern localities use Negro social workers for an undifferentiated case load.

ADDITIONAL RACIAL DISCRIMINATION

American discrimination is not limited to Negroes although since they are our largest racial minority, we are more aware of the problem

²¹ "Negroes," *1945 Social Work Year Book*, pp. 280-288.

in relation to them. Discrimination extends to other racial and national groups. Despite the fact that America in Adamic's words welcomes "diversity, variety, difference" we fear and resent it also, especially if strange colors and languages are present and if the divergent group affords economic competition to the majority group. McWilliams in *Brothers Under the Skin* traces the history of our discrimination against Negroes, Indians, Mexicans, Japanese, Chinese, Hawaiians, Porto Ricans and Filipinos. He emphasizes the point that in our international relations we are in no position to be very insistent about democratic policies when we withhold from the millions of minority Americans their full rights and privileges.

The most recent illustration of American fear of minority groups came during the war on the Pacific coast. In 1940 there were about 112,000 persons of Japanese ancestry living on or near the west coast; 70 per cent of them were American-born and hence American citizens. Few of them had ever been in Japan or knew anything but the English language. Forty-three per cent were engaged in agriculture and 26 per cent in wholesale and retail trades. In 1941 they owned property valued at \$200,000,000 and annually produced about \$30,000,000 of farm products. Almost none of them had ever been dependent on relief or had ever been brought into court for crime. Over 2,000 were students in colleges.

With the Japanese attack on Pearl Harbor all the smouldering antagonisms toward this group burst into flame. Japanese and others whom the Department of Justice called dangerous were removed from strategic military areas. In January, 1942, the coast newspapers waged a campaign for the complete evacuation of all persons of Japanese ancestry from the entire western coast. On March 2, 1942, an order was given by the army prohibiting all persons of Japanese ancestry from leaving these areas, and on March 18, President Roosevelt created by executive order the War Relocation Authority. The authority built ten new communities in Arizona, Arkansas, California, Colorado, Idaho, Utah and Wyoming. By November, 1942, practically the entire group of 112,000 persons had been transferred to these centers.

Life in the centers inevitably had many tragic and unavoidably bad features. Issci (Japan-born) and Nisei (American-born) who might have had relatively few contacts with each other were forced to live together; barracks were crowded; idleness prevailed; tensions were many. By July, 1942, the shortage of manpower and the injustice done to those who wanted to work caused the Authority to develop

a policy of granting permanent leave to those who wished to leave. The Authority established regional and district offices to facilitate job placement, housing arrangements, and community acceptance. Case workers were used in these offices.

A number of church groups established hostels for the evacuees. The Federated Council of Churches of Christ in America and the Home Missions Council of North America, in coöperation with the Foreign Missions Conference of North America sponsored the Committee on Resettlement of Japanese-Americans. It took the responsibility for organizing local advisory committees to work with the Relocation Authority. These local committees usually included representatives from the Y's, churches, the International Institute, and social agencies. In many communities there was no problem of assimilation.

On December 17, 1944, the War Department issued an order immediately effective permitting the return of persons of Japanese ancestry whose records stood the test of army scrutiny to their homes. The thousands of people who went back to their communities after this order will have innumerable and perhaps insuperable problems trying to pick up their occupations, to gain back their property, and to make adjustments to communities which fearfully and ruthlessly evicted them.²²

Many Americans, especially those who did not live on the Pacific coast or who had no racial prejudice, could not understand why it was necessary to take such drastic action against our Japanese population. Fear of the Japanese, most of whom were American citizens, was much greater than of the Germans and Italians of whom there were many more. Actually of the 112,000 Japanese only 5,127 desired repatriation to Japan, 4,333 refused to take the oath of loyalty to the United States and 4,191 chose to stay with relatives. These were the groups which were sent to Tule Lake in California. More than one-fourth of them were under eighteen years of age. Surely the F.B.I. could have protected the west coast from whatever harm this relatively small group might have perpetrated!

²² For this digest of materials see Clarence E. Pickett "Japanese-Americans," 1945 *Social Work Year Book*, pp. 199-203; and Carey McWilliams, *Prejudice: Japanese-Americans—Symbol of Racial Intolerance*, Boston: Little, Brown and Company, 1945.

CONCLUSION

If you are one of the approximately thirteen million Negroes in the United States, you may or may not see signs which encourage you to believe that there is much hope for political, economic, and educational equality of Negroes and whites in our time. If you are a white person, you may or may not have full realization of the enormity of the problem of Negro-white relationships. Discouraging as is the outlook for any early solution of the race problem in America, it is possible to point to encouraging developments some of which we have referred to in this chapter. More and more Negroes are assuming two kinds of responsibility, first, for competent performance in a great variety of job situations and, second, for participation in community affairs through their own organizations and through organizations composed of both races. More and more whites, southern and northern both, are insistent that there shall be fewer major and minor forms of discrimination.

Other countries have racial problems but in no country is racism so acute as in the United States. The Nazis knew this and did all they could to exploit it with the Japanese and other Oriental groups and with the Negroes. The Nazis were mistaken in their belief that our racial minority groups would not fight for their country. Negroes rendered valiant war service despite gross injustices. But the white population should understand that Negroes do not intend indefinitely to be door mats under their feet and the Negro population should more and more participate in programs which increase opportunities for understanding. Legislative and judicial action, reform movements, and the social services must go hand-in-hand.

If the United States wishes to play the rôle of international arbitrator in a world that is predominantly colored, it has got to make some fundamental changes in its prevailing attitudes and actions toward the colored races, more particularly to the minority groups in its own midst. No white American should ever forget that even though some sections of the United States tolerate a minimum of political and economic discrimination, there is no person with colored skin within the country who does not feel psychological discrimination. While this is true, no American can be very smug about American attitudes and conditions.

EXERCISES

1. What is "the race problem"? What is "the racial myth"?
2. What evidences of prejudice and discrimination toward minority racial or religious groups have you found?
3. What does such a Negro leader as Mrs. Coggs think are some of the methods of abating racial prejudices? What do you suggest?
4. What is the significance of Negro poetry like that quoted in this chapter?
5. Read and report on some novel, book of poetry, biography written by a Negro or dealing with the problems of Negroes.
6. Describe the system of Negro education in the northern and southern parts of our country.
7. What health, recreational, housing, and welfare services are available for Negroes?
8. Describe some of the national reform organizations for Negroes.
9. What are the similarities and differences of the Negro and the Japanese problem in the United States?

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Chapter XVIII

SERVICES AND RESOURCES BY AND FOR RELIGIOUS GROUPS

INTRODUCTION

Volumes have been written on Jewish and Christian theories of responsibility for individual and group welfare. We shall not attempt here to summarize the history of Judaeo-Christian attitudes toward charity and social justice. Suffice it to say that the practice of charity and an emphasis upon a social conscience are inherent parts of Jewish and Christian tradition; but the pattern of organization, whether for individual charity or social reform, differs as between Catholics, Jews, and the many Protestant denominations. We shall point out some of the similarities and differences in the welfare activities of these three dominant religious groups in the United States.

CATHOLIC WELFARE ACTIVITIES

Theory. Catholics who write about the function of the church reiterate that Catholic faith obligates adherence to works of charity, not just on a voluntary and individual or face-to-face basis but through the systematic efforts of the church. In the foreword to Marguerite T. Boylan's *Social Welfare in the Catholic Church*, the Archbishop of St. Paul stated that the organization of activities in the exercise of spiritual and corporal works of mercy is not discretionary. The imperative necessity for recognition of the claims of charity has been traditional from the day the first Apostles organized Deacons to perform this duty. Responsibility has always been assumed by Catholic leaders to guarantee that individual needs shall be met, even to the extent that for centuries one-third of all the offerings of the faithful were, by ecclesiastical decree, allotted to the care of the poor and needy.¹

The most significant characteristic of Catholic welfare activities is not that church doctrine prescribes individual responsibility for

¹ New York, Columbia University Press, 1941.

charitable acts since that is true of Protestant and Jewish groups too. Rather it is that the church for almost 2,000 years has assumed responsibility and developed the organization for putting into effect this Christian responsibility. For centuries the Bishop's House was the refuge of the poor but today because of the multiplicity of his duties, especially in urban areas, it has become necessary to delegate some of his traditional responsibilities, and we now have Diocesan Bureaus of Social Welfare or Catholic Charities. The director of the bureau is a priest, sometimes educated in social-work methods, who may have professional social workers on his staff. The bureau is usually a federated body of the constituent self-governing agencies and institutions lying within the boundaries of the diocese. It correlates, coördinates and integrates the various charitable functions and activities; it develops leadership; it helps in general community planning for and financing of social work; it serves as the liaison body between Catholic and other social work; it interprets Catholic social work to the laity and non-Catholic public; and it may act as the soliciting agency for Catholic charities.²

Types of Activity. Social-welfare activities, institutional and non-institutional, for family welfare and for children, and protective agencies for the aged, for the sick, for the mentally ill and deficient are all carried on by the Catholic church largely through diocesan organizations. From very early days institutional care for children has been the most important church welfare function. Religious orders have carried most of the burden, more than 20,000 religious today being engaged in this work. More and more members of these orders are enrolling in schools of social work in order to modernize institutional or agency care. Many of the institutions carry on placement and adoption programs or work with Catholic agencies which perform this function. The *1945 Social Work Year Book* shows that there were 65,144 children under Catholic foster-care with 46,178 in 369 orphanages and infant asylums and 18,966 in foster-homes.

Since the Catholic church, like all other Christian churches, believes that the family is the primary social unit, it places heavy emphasis on the preservation of the integrity of the family. It does this in its general education, religious instruction, and social-welfare activities. As a matter of fact, even though the church maintains many institutions for children, it is following the trend and increasingly abandoning congregate methods of care and employing the cottage

² Robert E. Keegan, "Catholic Social Work," *1945 Social Work Year Book*, pp. 91-97.

system of institutional housing because the small unit method approximates normal family life. Further it is facilitating the rehabilitation of the child's own home when that is possible, and encouraging foster-home and adoption programs when that is impossible. Because of its great concern for family life, the Catholic church holds conferences on Family Life. Every phase of Catholic thought on the subject of family life is discussed. Family-counseling bureaus on religious, social, and economic problems and matrimonial clinics are stimulated by these conferences.

Dispensation of charity or relief has been characteristic of Catholic charity. In fact, the church has often resisted secularization of relief on the theory that fraternal charity with a supernatural motive should predominate rather than the giving of services to the poor as a natural phase of social progress. The church recognizes that the great burden of caring for the poor cannot rest on private benevolence but must be assumed by the state. It believes, however, that the church has a relief function and gives large amounts of assistance in cash and goods to its needy adherents through various parish organizations. Among its many other welfare activities are hospitals, convalescent homes, institutions for unmarried mothers, protective institutions for delinquent boys and girls, institutions for persons with mental problems, nurseries, immigrant centers, and recreational programs. Tens of thousands of religious, lay, and professional workers participate in these many activities which are set up for Catholics.

Social Action. The Catholic church is aggressive in those areas of social reform which touch upon the moral teachings of the church. The influence of the entire hierarchy from the Pope to the lowliest parish priest is brought to bear on politicians, business men, labor, and the public generally to oppose practices in violation of church principles. For example, through the Legion of Decency the church encourages Catholics everywhere to insist upon "respectable" movies. The church opposes the establishment of agencies for the teaching of birth control since the encyclical of Pope Pius XI, "*Casti Conubi*" denounces this practice.

In the area of economic and political reform the church has made its pronouncements, too. For example, Leo XIII issued his encyclical "On the Condition of Workers," Pius XI his "On Reconstructing the Social Order," Pius XII his, "Functions of the State in the Modern World." In each economic, social, and political problems are discussed. Papal encyclicals encourage lay and clerical concern with limited reform movements but they also counsel organized resistance

to socialism and to any radical or revolutionary political or economic movement which jeopardizes the position of the church. Individual clergymen like Father Ryan and Monseigneur Haas have been outstanding in their advocacy of labor legislation, but the primary emphasis of the church on matters of social action has been on moral rather than on economic and political issues.

National Organizations. Catholics have many national organizations which encourage local welfare activities. We shall make brief statements concerning four of them, the National Catholic Welfare Conference, the National Conference of Catholic Charities, the St. Vincent de Paul Society, and the National Catholic Community Service. It is easy to confuse the first two since the names are similar.

The National Catholic Welfare Conference is an organization of the hierarchy of the United States. It is not a legislative body, so the resolutions of the bishops do not have force of law. The basic objective of the organization is unifying the Catholic people of the United States in works of education, social welfare, immigrant aid, civic, educational and other activities. The departments of the conference are: Executive, Education, Press, Legal, Social Action, Youth, Catholic Action Study, and Lay Organizations. The monthly publication of the conference is *Catholic Action*. The Department of Social Action, for example, is concerned with studies and programs dealing with industrial problems, civic obligations, rural and family life, etc. It promotes these purposes through lay organizations including youth groups. The Catholic Conference on Industrial Problems and summer courses for the clergy are within its scope. A family-life section extends its activities into home economics, parent education, and family relationships. The Rural Life Bureau, in cooperation with the National Catholic Rural Life Conference, sponsors institutes and promotes programs which enrich rural living. The Youth Department promotes the National Catholic Youth Council, the federating agency for all existing approved Catholic youth groups. The Department of Lay Organizations comprises the National Council of Catholic Men and the National Council of Catholic Women. The latter sponsors the National Catholic School of Social Service in Washington.

The second important group, the National Conference of Catholic Charities is foremost among Catholic organizations in the field of social work as differentiated from general social welfare. Its purposes include: the exchange of views among experienced workers, collection and publication of information concerning Catholic charities,

encouragement of writing and publication in this field, promotion of discussion regarding general standards of relief and prevention, development of the organization of Catholic social work. Its objective of holding meetings and encouraging discussion is analogous to that of the National Conference of Social Work.

The third organization, the Society of St. Vincent de Paul, founded in France in 1833, is a world-wide organization for Catholic laity. Its activities are mostly carried on in parishes by innumerable unpaid Catholic men and women, although some of the large cities are now employing social workers to direct the program and the activities of the laymen who make most of the contacts with persons having problems. The purpose of the society is the sanctification of the individual member and of those aided. Visits and assistance to the poor in their own homes are the main activities although members also engage in many special projects such as homes for transient men, boarding homes for working boys, foster-home programs. In 1943 the society listed 27,257 volunteer members who contributed over \$100,000 toward their work. In that year 303,296 homes were visited. Many other organizations of laity carry on welfare activities. Among the more prominent are the Christ Child Society, Catholic Daughters of America, Sodality of Our Lady, Ladies of Charity, etc.

The fourth organization is the National Catholic Community Service, a temporary wartime organization designated by the archbishops and bishops in 1940 as the official Catholic agency to meet national and community needs in military and industrial areas. Together with the YMCA, YWCA, the Salvation Army, the Jewish Welfare Board, and the Traveler's Aid, it is a member of the USO. We discuss it here because like all the member USO organizations except the Traveler's Aid, it is a religious agency which has made significant contributions to the maintenance of wartime morale. It is common knowledge that the USO coördinated the religious, educational, recreational, and social-welfare services of these six agencies for the benefit of millions of off-duty servicemen. In this connection it is important to remember that in contrast with World War I, these agencies with such different religious convictions and practices worked together under one roof. Many people hope that the wartime co-operation of agencies with such diverse religious dogmas and welfare practices will be an influence for permanent community understanding and coöperation.³

³ Lucian L. Lauerma, "Catholic Social Work," *1943 Social Work Year Book*, pp. 92-98; same author, *1945 Social Work Year Book*, pp. 63-69.

In a 1945 bulletin entitled "NCCS Still Services" commemorating the fifth anniversary of the National Catholic Community Service, this statement which shows the fundamental religious purpose of the organization is found:

While the record of the NCCS extends back for only five years, the love and devotion that has motivated its program in these trying times go back to the traditional source of all man's goodness—the Risen Christ. From this fountain of eternal life, Catholic agencies through the centuries have offered lasting consolation and hope to bedraggled man in his toil and affliction. Following Christ's supreme example of love of neighbor, NCCS has carried out his divine admonitions that were given to the Apostles nearly 2,000 years ago.

"Greater love than this no one has, that one lay down his life for his friends," has been the watchword under which NCCS has united, first, its Catholic people and Catholic resources, and second, the non-Catholic people who have so generously offered their cooperation in its giant enterprise.

At first NCCS plans called for 175 professional employees to manage its share of the USO operations, to coordinate its work from a national office in Washington, D.C., and to supervise local operations from regional offices. This number was far below the more than 1,000 persons who eventually served throughout the country in over 500 units located in 46 states. The bulletin indicates that in one representative month approximately 170,000 volunteers gave 1,255,000 hours of volunteer service. Over the five-year period, 1941-1946, 52,327,000 hours of service were given by volunteers.

These four and other Catholic organizations are important because they provide: (1) stimulus and incentive for the establishment of local organizations; (2) advisory and consultative services; (3) means of realizing minimum standards and some degree of uniformity of practice; (4) avenues through which church dogmas are effectuated. Actual work with people in trouble takes place in the institutions and through parish and diocesan agencies and societies.

Summary. The practices and convictions of the Catholic church in the field of social welfare seem to include:

1. Extensive^{*} furnishing of many types of welfare services financed in large part through church funds and administered under church control.
2. Assumption of responsibility by the hierarchy itself for putting into effect the doctrine of the church that faith in Christ and personal love of the poor are inseparable.
3. Application of the theory that every Catholic has a duty to perform charitable acts.
4. Growth in the use of professional personnel such as social workers,

nurses, doctors, etc. and in the training of the clergy and other religious for these activities.

5. Group participation in those measures of social reform having hierarchical sanction.

Probably the outstanding characteristic of Catholic welfare work is the extent to which the church has reproduced in every unit of its organization the endorsed or authoritative pattern of Catholic welfare activities.

JEWISH WELFARE ACTIVITIES

Theory. In contrast with Catholic welfare work, most Jewish welfare activities are supported by voluntary and individual contributions and not by the church as such. There is no church or other hierarchy in Jewish welfare work. Jewish social-welfare services trace their traditions to Biblical times. Practices have been adapted to the changing conditions in which Jews have lived but the tradition survives that wherever there is a group of Jews they shall set up their own social services.

Jewish settlers in the American colonies took care of their needy through the synagogues. Early organization followed the sectarian pattern then prevalent. As their numbers increased, they extended their services beyond the synagogue or parish boundaries. They built orphanages following the Revolutionary War; started hospitals in the middle of the nineteenth century; organized United Hebrew Charities in the 1870's under the impetus of the COS movement and finally in the twentieth century formed financial and welfare federations.⁴

American Jews are an urban people. About one-half of the five million in this country live in New York City and one-fourth in another dozen cities. Jewish social services then are characterized by an urban environment. This means multiplicity of organizations, duplication, specialization, and eventually federation. Specialization has been aggravated by the fact that the Jewish population is not homogeneous but comes from many countries with different languages, customs, and religious practices. This has made it difficult to get Jewish individuals and organizations to work together and means that there has been and still is great variation between agencies and communities in quality of work.

⁴ George W. Rabinoff, "Jewish Social Work," *1945 Social Work Year Book*, pp. 203-214.

Types of Activity. Jewish communities often have their own family-service and child-care agencies, separate agencies and institutions for the aged, for medical and health services, for recreation and religious education. The seventy-three Jewish family-service agencies in the United States offer a variety of services including not only those usually given by this type of agency but small loans, scholarships, camp opportunities, intensive work with emotional problems, etc. Recently a few of these organizations have tried the plan of charging those who can afford and wish to pay for counseling services. Jewish child-care agencies continue their development away from congregate to smaller cottage-type institutions. These organizations in cooperation with family agencies and institutions have developed extensive foster-care programs.

The Jewish program for the care of the aged, like all community services for old people, is undergoing rapid changes. The Social Security Act with its old-age assistance and old-age and survivors' insurance programs has made it possible for many aged to live more or less comfortably in the community. However, the institutional needs for both the aged and chronically ill are acute and grow more so. Jews and Gentiles alike are giving much attention to the institutional and non-institutional needs of these two groups. Community planning bodies on problems for the aged and chronically ill comprised of lay and professional people from institutions, family, health, and recreation agencies have done much in those communities where they exist to plan intelligently for these persons. Such planning groups may be non-sectarian in membership or comprised of representatives of a single religious group such as Jews or Catholics or Lutherans.

The first Jewish hospital was established in the 1860's partly to provide a favorable cultural environment for patients and partly to provide training opportunities for Jewish physicians and nurses. There are at present sixty-five Jewish hospitals, general and special, in the United States and Canada. Social-service departments are maintained by most of the larger hospitals. Out-patient departments attached to these hospitals and unattached clinics number fifty-two and in 1941 served about 340,000 persons, making about 2,400,000 visits. These clinics and hospitals provide service primarily but not exclusively for Jews.

Jewish community centers, which originated in the 1870's, offer educational, recreational, and cultural activities to children, youth, and adults. These centers report a trend away from formal groupings toward mass social functions, special projects, and teen-age can-

teens. During the war they engaged in many activities for servicemen. Jewish groups organize their own educational programs. The purpose is instruction in the culture, history, and religion of Jews. These educational activities are carried on by churches, neighborhood, and fraternal groups or through community-wide sponsorship.

Because of the complexity of their problems and the multiplicity of agencies, Jewish leaders have been especially interested in community organization. To meet this involved situation, three types of local coordinating agencies have been developed. The *Jewish Federation* was the earliest type having been established in Boston and Cincinnati in 1895 and 1896. This is an organization of local social agencies corresponding in organization and functions to community chests and councils of social agencies. Even before World War I this type of federation made its appearance in most large cities. The *Jewish Welfare Fund* is the second type of coordinating agency and is set up for financing a larger variety of international, national, and local welfare agencies. The first welfare funds were developed in Columbus, Ohio, Indianapolis, and Oakland, California, in 1925-1926 and exist today in most communities with a large Jewish population. The third and most recent form is the *Jewish Community Council*. It is interested in relationships within the Jewish group and with the larger community. Generally *Federations* and *Welfare Funds* consist of individual contributors whereas the *Community Council* is composed of delegates from Jewish organizations—fraternal, religious, social, and charitable. These three forms of organization are not mutually exclusive and in some cities all three exist with varying interrelationships. Approximately 300 Jewish communities have some one or more types of central agencies. In about 100 cities, Jewish welfare agencies are affiliated with community chests, usually through Jewish federations. In those cities where local Jewish welfare agencies are financed from community funds, the Jewish community uses a welfare fund to finance non-local needs and those local services, like education, not eligible to chest support.

Social Action. The extent to which the Jewish clergy, members of Jewish churches, and Jewish groups participate in social action, varies from community to community. Although Jews are active in many kinds of social services, as a group they probably do not participate in social reform any more or any less than Catholics or Protestants. It is often said that Jews furnish the radical and disorganizing influences inside many kinds of organizations including campus youth associations, political organizations, and labor unions. Whether

or not this is so, we cannot say, but when there is such radical Jewish leadership, it is a personal matter.

National Organizations. The Jewish, like the Catholic community, has many national organizations concerned in one way or another with the well-being of Jews. Among the important national Jewish organizations is the Council of Jewish Federations and Welfare Funds, whose executive secretary is Harry L. Lurie, an outstanding writer and thinker in social work. The Council is the national organization for Jewish agencies analogous to Community Chests and Councils, Incorporated, for non-sectarian agencies. It helps organize local resources to meet local, regional, national, and overseas Jewish needs. It is made up of 255 local federations, welfare funds and community councils from 220 cities. Six times a year it publishes a periodical, *Notes and News* and annually it issues the *Jewish Social Work Year Book*.

Another important organization is the National Jewish Welfare Board. Its functions include the promotion of the religious, intellectual, physical, and social well-being and development of Jews, the stimulation of the organization of Jewish Centers, YMHA's and YWHA's, coöperation with other organizations for the development of Judaism and good citizenship, and the promotion of the general welfare of Jewish servicemen. Its membership comprises 390,000 individuals and 293 local organizations.

The National Jewish Welfare Board is a member of the USO. Like the National Catholic Community Service, it performed an extensive and distinctive function for servicemen, especially, of course, for Jewish servicemen. Its Army and Navy Division, from 1942 through 1945, spent approximately eleven and a half million dollars, of which almost nine million was furnished by the USO. This division carried on 222 USO-JWB operations with a maximum staff of 330 for the more than 600,000 Americans of Jewish faith who served in the United States armed forces. It organized 626 local Army and Navy Committees and assisted in the organization of others in foreign lands. It served the wounded and veterans in almost 300 general hospitals and veteran facilities. It distributed millions of pamphlets and other releases for the benefit of servicemen and staff.

A third national organization of considerable importance is the National Conference of Jewish Social Welfare which, like the National Conference of Catholic Charities, provides a forum for the discussion of principles and practices of Jewish welfare. It publishes the *Jewish Social Service Quarterly* and *Annual Proceedings*.

A fourth organization which should be mentioned is the American Jewish Joint Distribution Committee which is primarily a disbursing agency expending funds in more than fifty foreign countries. It receives its funds from organized Jewish committees throughout America. Its overseas activities include the disbursement of food, clothing, and medical aid; the provision of shelter, child care, vocational re-training, cultural assistance, and assistance with immigration. Because of the size of the displaced person population, there being some thirty million, of whom a large percentage are Jews, it is anticipated that activity in the international relief field by Jewish groups will continue for a long time in the post-war period.

Numbers of other organizations serve some special group, as, for example, the B'nai B'rith which is interested in Jewish youth and which maintains 144 Hillel Foundations at colleges and universities; the Jewish Occupation Council which acts as a clearing-house for all Jewish organizations engaged in occupational guidance, placement, training, and anti-discrimination work; the Jewish Agricultural Society which encourages farming among Jews, etc.

National Jewish organizations are important for the same reasons and make like contributions to carrying on Jewish welfare activities as do Catholic or Protestant agencies. There is one important difference. National Jewish agencies are not interested in providing an avenue through which religious dogmas are put into effect. Rather they are concerned that widespread means shall be available for the preservation of and protection of Jewish culture.

Summary. The main characteristics of Jewish welfare work seem to be:

1. The conduct of many kinds of specialized activities for Jews.
2. Maintenance of most of these activities outside any church affiliation and with no hierarchical direction.
3. Organization of these many activities on a local basis with great variation in standards of performance between agencies in the same community and between communities.
4. Extensive use of professional social workers by many large city organizations, with the consequence of high standards of performance and willingness to experiment with new techniques and services.
5. Wide-spread use of the federation idea.
6. The development of organizations to maintain Jewish culture and to combat anti-Semitism.⁵

⁵ Hyman Kaplan, "Jewish Social Work," *1941 Social Work Year Book*, pp. 276-283, and *1943 Social Work Year Book*, pp. 249-256; George W. Rabinoff, "Jewish Social Work," *1945 Social Work Year Book*, pp. 203-214.

PROTESTANT WELFARE ACTIVITIES

Theory. It is difficult to make a short, accurate statement concerning the characteristics of Protestant welfare theories and practices because of the innumerable denominations and sects which make up Protestantism. Reinhold Niebuhr of liberal Union Theological Seminary in *Religion and Social Work* points out that the disunity of the Protestant church, the preponderant size of the Protestant population and its relative wealth made secularization of social-welfare activities in this country imperative and inevitable. It is quite impossible in grappling with the growing complexity of an urban civilization to use an instrument as divided as the Protestant church to deal with problems of individuals. Hence the extensive secularization of welfare work in the United States, in considerable part, grows out of the divisions of Protestantism. The Protestant pattern of social welfare in contrast with that of Catholics and Jews is primarily characterized by participation of clergy and laymen in secular activities. This does not imply that Catholics and Jews do not participate in non-sectarian welfare activities.

Although the interest of large numbers of Protestants in welfare activities is shown by identification with non-sectarian agencies, there are many kinds of services which are Protestant-conducted. The more a religious group differs in its organization and creed from surrounding religious groups, the more likely it is to maintain its own social services. The Mormons and Quakers are illustrations. Also the more a religious group wishes to preserve fundamentalist traditions, the more likely it is to carry on its own welfare services. Many church groups which do not differ greatly in dogma and practice from others in the community also carry on specialized welfare activities.

Types of Activity. Many Protestant-conducted activities are carried on by individual churches where clergymen and other parish workers are giving increased attention to the counseling features of pastoral work; by denominational and interdenominational agencies; by YMCA's and YWCA's, by the Salvation Army and the Volunteers of America; and by hospitals, homes, and settlements given a Protestant name which may mean full or partial church control.

Child-care institutions and agencies, camps, protective agencies, homes for the aged, hospitals, city missions, recreation centers sometimes an institutional feature of a church building, are among the programs conducted by Protestant churches. The three churches

having the largest number of denominational hospitals are the Methodist with eighty-five, the Episcopalians with seventy-seven, the Lutherans with seventy-six. Such figures as are available show that the three churches having the largest number of homes for the aged are the Lutheran with eighty-seven, the Episcopalian with sixty, the Methodist with fifty-one. Work with seamen has been a traditional activity, particularly of Episcopalians and Lutherans. The Good-Will Industries are closely associated with the Methodist church. The Quakers all over the world are known for their quiet and unpretentious relief and refugee activities. Various denominations have done extensive work for minority groups, for refugees, and for servicemen. Some of these have federated on a national-interdenominational basis, for example, the Committee on Resettlement of Japanese-Americans, the American Christian Committee for Refugees, the Commission on Aliens and Prisoners of War.

In some cities Protestant social agencies have federated. For example, the Federation of Protestant Welfare Agencies of greater New York comprised of 205 welfare and health agencies has three main functions:

1. Supplying information to ministers and church workers regarding community services available.
2. Referring individuals and families with personal problems to the appropriate agencies.
3. Giving services to social agencies and interpreting to them the needs and points of view of churches.

All of these various welfare activities conducted by Protestant groups have increased the need for professional social workers. Several churches have personnel departments for the recruitment, training, and placement of church social workers. An interdenominational organization active in this process is the Association of Church Social Workers formed in 1934. Training of Protestant and Jewish social workers does not go on in sectarian or Jewish schools of social work. The only Jewish school of social work went out of existence several years ago. Some Jewish and Protestant groups regret this absence of religious theory in social-work education. It seems likely that most education for Jewish and Protestant social work will continue to be non-sectarian.⁸

⁸ Ernest F. Johnson, "Protestant Social Work," 1943 *Social Work Year Book*, pp. 373-382; Almon R. Pepper, "Protestant Social Work," 1945 *Social Work Year Book*, pp. 304-312.

An important development in Protestant welfare work is the introduction of social-science and social-work courses into theological seminaries and the offering of special institutes for the clergy conducted by sociologists, economists, labor leaders, and social workers. The aim is not to make social workers or labor leaders of ministers but to give them materials which will be helpful in their rôles of pastors and participants in community activities. The University of Wisconsin, for example, for almost a quarter of a century has conducted a two-weeks summer institute for clergymen of all denominations from all over the country. They meet to discuss social and religious problems. More recently they have shared in some of the labor institutes conducted by the Wisconsin School for Workers.

Social Action. The move of theological seminaries to include social-science courses in their curricula and of national denominational organizations to encourage clergymen to attend various institutes, has been responsible in part for the growing emphasis upon social reform coming from Protestant rostrums. In the University and Capitol city of 70,000 where the writer lives, there are perhaps one-half dozen Protestant clergymen who preach a social gospel and who urge the assumption of responsibility by church members for decent wages, full employment, adequate housing, etc. What is more, these clergymen serve on local and state committees and frequently appear before legislative groups where they lobby for bills expressing their convictions. One pastor of a large town-and-gown church was recently in danger of losing his pulpit because of his advocacy of the *practice* of Christian principles. The function of clergymen, according to his opposition, is to *preach* the gospel.

We have already said that *the* outstanding characteristic of Protestant welfare practice is participation by clergy and laymen in secular activities. Perhaps another important characteristic of Protestant welfare philosophy and practice, at least of liberal Protestantism, is the assumption of responsibility by the clergy for *preaching* a social gospel and then for applying it by *sharing* in the solution of community problems. Niebuhr in his book referred to above said that religion at its best is not quietistic with an emphasis upon individual charity, personal salvation and other-worldly happiness, but is also courageous in its struggle for social justice. In his words:

Religion has always dreamt of the Kingdom of God. It has always believed in some kind of millennium. Only the extreme individualism of middle-class religion, in the past two centuries, has narrowed the religious vision to

the individual life, and made personal immortality and perfection the sole goal of religious striving. In the religion of the prophets and the gospel of Jesus, there is a vision of a redeemed society.⁷

The father of the author, a militant Congregational pastor, in his *The Appeal to Experience*, a volume of eight sermons, time and again emphasized the responsibility of the really religious person, to give of his money, time, and energy for the alleviation of individual and group suffering. The good man, according to him, is true, just, kind. It was his conviction that "we have overestimated the relative worth of the mild and gentle in character. The world dies for courage and that man is not entitled to be called good who is always mild and gentle."

Perhaps Niebuhr had the same thing in mind when he wrote:

Moral sensitivity inevitably leads to pessimism. Only callous men can be consistent optimists. Social intelligence likewise leads to pessimism. Only ignorant men are optimists. The sensitive man recognizes the extent of human misery, and the intelligent man knows how many hopes for a world in which injustice and human brutality would be eliminated, have been disappointed. He knows what a terrible inertia frustrates, or seems to frustrate, every redemptive and creative effort. He knows how frequently the conscious elimination of one social evil has been followed by the unconscious substitution of another.⁸

These illustrations of the application of religious theory to everyday life point up this second characteristic of Protestant social work; namely, the assumption of responsibility by the church for putting into effect a social gospel.

National Organizations. Numbers of churches have created their own national agencies with special departments concerned with social-welfare activities. For example, the National Lutheran Council has its department of welfare. They may also have sizable overseas programs as do the Quakers and Congregational-Christian churches. There are also numbers of interdenominational national organizations. The most important, the Federal Council of Churches of Christ in America is a federation of twenty-two national Protestant denominations. It maintains departments of Church and Social Service, Race Relations, International Justice and Good Will, and Research and Education. The Department of the Church and Social Service is a clearing house for community work and administers the

⁷ Reinhold Niebuhr, *The Contribution of Religion to Social Work*, New York: Columbia University Press, p. 91.

⁸ *Ibid.*, p. 72.

Church Conference of Social Work, which meets annually in conjunction with the National Conference of Social Work. The Home Missions Council and the Council of Women for Home Missions federate home-missions work. Their major interests have included remedial work among migrant workers and share-croppers of the south and education and welfare work with Indians.

Everyone knows the names of such national organizations as the YMCA or YWCA, the Salvation Army, and Volunteers of America. The YMCA, for example has a membership of 1,244 local associations representing an individual membership of 1,200,777 and over 25,000 registered non-members. Its purposes and activities include ministering to the needs of boys and young men. Its positive program for the development of character includes health education and physical activity, providing opportunities for intellectual self-improvement and culture, acquainting boys and men with the ideals of Jesus, and providing wholesome social fellowship and economic, vocational, and citizenship education.

During the war all four of these organizations were parts of the USO. Again using the YMCA as an illustration, it conducted extensive programs for servicemen through its regular channels as well as through the USO. In the 1945 annual report of the Army and Navy Department several significant figures are found. During 1945 building attendance in Army and Navy YMCA's, YWCA's and Joint Agency-USO's totaled over ninety-two million. Personal counseling on servicemen's problems aggregated 351,317. Information service added up to almost eight and a half million. Specialized facilities such as those for art, athletics, sewing, and cooking were used almost nineteen million times. Volunteers averaged 143,961 a month.

A bulletin entitled *Under That Uniform He's Still An Individual*, published in 1944 by the USO-YMCA organization, contains the following statement: "Although much of USO's service must operate in the mass, it is the individual serviceman or woman that counts. The interests and needs of individuals, as they themselves express them, are the paramount consideration in the thinking and planning of our councils, committees, staffs, and volunteer workers. . . . In war or peace the basic needs of boys and men are the same so far as the YMCA's or USO's ability to meet them is concerned. Away from home, and particularly under the strains of war, these needs may be more acute or urgent, but fundamentally they still are the same as before and they are likely to remain so after the war."

The report lists the main reasons why servicemen turned to the YMCA-USO's during the war. They were:

1. To find a decent and pleasant place for relaxation and rest in off-hours.
2. For recreation and entertainment.
3. To engage in activities they liked and because they wanted to engage in them—not because they had to.
4. To meet or make friends of both sexes.
5. To find friendly folk who cared and who were ready to do what they could to meet the many and varied needs of the servicemen.
6. For counsel and guidance, instruction, worship, and fellowship.
7. In short, to refresh themselves in spirit, mind and body so as to be able to face life—or death—with courage and faith.

This enumeration shows that the YMCA, and also, of course, the other USO member agencies, were eager to provide mass recreational activities, but just as important, counseling services on personal and religious problems. To perform these two important functions many recreation experts, religious workers, and social workers were employed.

The August, 1946, Army-Navy YMCA bulletin commented that although USO clubs were disappearing from the local scene in many American cities, its spirit was carrying on in the establishment of new community welfare projects which filled a need long there but never fully realized until the USO made the demonstration. Sometimes the USO building is being used as a center for permanent activities. In the writer's city, for example, the USO club has been converted into a permanent youth and young-adult center. In other localities the experience that many citizens derived from the USO is being utilized in new community center organizations. Many communities, particularly those in the South, have an unusual opportunity to carry on the community center purpose of the USO and even to utilize its resources. Let us hope they do.

Summary. The main characteristics of Protestant welfare work seem to be:

1. Extensive identification by Protestants with non-sectarian and community-wide welfare activities.
2. Increasing exposure of the clergy in theological seminaries and in institutes to social problems, to community resources, and to those social-work theories and techniques which can be absorbed into parish activities.
3. Identification of liberal Protestant churches with many kinds of reform agencies and movements.
4. A wide variety of kinds of welfare services but a smaller aggregate

number than are carried on by Catholics and Jews considering the size of the Protestant population.

5. Complete absence of hierarchical organization.

CONCLUSION

The fact that inherent in the American system of government is separation of church and state and that our religious tradition, is predominantly Protestant, in large part explains the extensive secularization of social-welfare activities; but this same freedom is also responsible for the development of religious-controlled welfare services. Catholics, Jews, and Protestants have all developed sectarian activities. Catholics believe that individual and group charity is inherent in the practice of Catholicism. "The basic Catholic theory for social service is indoctrinated, stimulated, and supplemented in every sector of the church organization. The world-wide pattern of Catholic organization permits the universal teaching and tradition concerning social justice and social charity to be brought to the individual Catholic."⁹ Today there are approximately twenty-three and a half million Catholics in this country. Their welfare activities are, therefore, diverse and extensive.

Jews, of whom there are some five million, accustomed for centuries to being discriminated against, continue to carry on their age-old tradition of welfare activities. They do this because they do not wish to incur the antagonism of Gentiles, because they wish to assure themselves adequate services, and because they are eager to preserve their own cultural traditions. Many of their welfare activities are not strictly religious but cultural.

Protestant faiths, in varying degrees, carry on welfare activities because they wish to put into effect through their own efforts and by their own interpretations the preachings of Jesus and because of local concern with their own members. Considering the size of the non-Catholic and non-Jewish community, which may or may not have definite denominational affiliation, there is relatively little welfare activity which is labeled Protestant. Liberal Protestants believe that the good life should be for everybody and is something to struggle for here and now through coöperative efforts. Hence they choose to identify themselves with community-wide welfare activities.

Millions, perhaps billions of dollars, are spent on these many religious welfare activities. Thousands of volunteers and professional

⁹ Lucian L. Lauerma, "Catholic Social Work," 1945 *Social Work Year Book*, pp. 63-69.

workers within a religious framework devote their energies to serving humanity. There is no reason to believe that there will be any appreciable diminution in the number of religious welfare agencies and services in the near future, but there is reason to hope that the different religious groups will increasingly work together to achieve a comprehensive program of public, voluntary sectarian, and voluntary non-sectarian services for the welfare of all human beings.

That social workers recognize the significance of religious-welfare activities is shown by a 1946 report of a discussion at the Great Lakes Community Chests and Councils Institute. The subject of the institute was "Tensions Between Social Work and Other Groups," one of the tensions being that between social work and the church. The group drew up the following summary of its thinking:

1. Social agencies are reminded that the utilization of resources available through the church will have positive values in dealing particularly with problems of youth and of families.

2. The church is in the field of social work to stay, and social work should assist the church in attaining the highest possible standards and competence in its community services.

3. The church has a peculiar contribution to make in community services, related particularly to the field of spiritual development; and social work asks, in turn, for recognition from the church of its unique contribution within its field of competence.

4. The practice of giving public subsidies to private agencies for services is unsound and unwise and should be discontinued. Subsidies of this type are followed by control of services with frequent political pressure on voluntary agencies, which results in lowering of standards for such services. The practice is too often encouraged by social agencies with church affiliation under the claim that the church is in a position to provide spiritual guidance and counsel. The group believes public funds should be used by public agencies to strengthen and expand their services within the field of public responsibility and that such public agencies might avail themselves of church agencies' consultation in the fields of their particular competence.

5. In the area of church-social work relationships, there is need for complete coöperation in planning and frank discussion of specific tensions so as to improve understanding and relieve the strain of unnecessary competition arising in the program of services to people in the community.

Perhaps it is inevitable that the author with a Protestant background should favor secularized welfare activities. However, like the social workers at the Lake Geneva Conference, she recognizes that religious welfare work is a permanent aspect of American life. Further, she believes that social work can make a much more important contribution to the effective conduct of religious welfare activities than it has yet done.

EXERCISES

1. a. What are the Christian theories of responsibility for individual and group welfare?
b. What are the Jewish theories?
c. Distinguish between Catholic and Protestant theories.
2. Describe the types of welfare activities carried on by Catholic, Protestant, Jewish groups.
3. What Catholic, Protestant, and Jewish welfare activities are carried on in your home community?
4. Describe a specific Catholic, Protestant, or Jewish agency and its activities.
5. What was the contribution of Catholic, Protestant, and Jewish groups to the USO?
6. Can you describe the position of the Catholic church, Protestant denominations, Jewish groups on social action?
7. If a Lutheran, Catholic, or Jewish child-welfare agency applied for membership in the local community chest what question might you, in the rôle of a planning committee member, ask?

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Chapter XIX

DEVELOPMENTS AND TRENDS IN SOCIAL WORK

RECAPITULATION ¹

Introduction

What are some of the highlights in social work and where does the profession seem to be going? There are developments which are of major importance to the profession and to broad community welfare; there are others which are less so. Both demand attention but first let us consider those which appear to have widest significance. It seems to us that there are five. They are:

1. The revived interest of social workers in social movements and social action.
2. The coöperation of labor and social work.
3. The adaptation of social work to new settings.
4. The acceptance of the profession of social work as a legitimate and necessary community service.
5. The genuine concern of the profession that its educational preparation shall be soundly conceived in order that competent performance may be facilitated.

Let us consider briefly each of these points.

First. Social work is experiencing revitalization. It is looking at itself critically and constructively; it is adapting itself to a rapidly changing milieu; it is restating its philosophy. In the early years of what we now call social work, the leaders, not yet having formulated techniques, did not worry about their lack but put major emphasis on the social environment of the persons with whom they worked. If the environment was inadequate and unsatisfactory, they had the courage to expose it and to attempt its change, at least within the economic framework of the nineteenth century.

In time, however, almost total consideration was given to techniques and methods, an inevitable and even desirable phase of any profession provided the forest is not lost sight of, which unfortunately

¹ Reprinted from *Social Forces*, Vol. 23, No. 2, by permission of the University of North Carolina Press. Copyright, 1944, by Williams and Wilkins Company.

almost happened in social work. Techniques were in danger of becoming masters instead of servants. A depression and a war made that point of view anachronistic. Today social work is less self-conscious and introspective, more aware of its place in a larger setting. Its objectives include providing technical skills to individuals with needs and improving situations causing distress. This implies need for knowledge of economic and social conditions and of national and international problems, as well as of methodology. As an illustration, the Emergency Committee for Social Work, comprised of seventy social workers from all over the country, published in the April, 1944, *Compass* an article entitled "To Social Workers: A Call to Action." Their broad objectives were: (1) full development and equitable distribution of national and international resources; (2) full employment and balanced wage price system; (3) extension of education, health services, housing, recreation, and social security; and (4) racial and ethnic equality. These social workers were concerned with socio-economic factors.

Outstanding social workers and administrators are placing strong emphasis on the need for reconceiving curricula of schools of social work in terms of world needs. In such a process, Gordon Hamilton of the New York School of Social Work, believes it is necessary that the subject matter, philosophy, and technical skills be related to a positive program for an adequate standard of living, to a world point of view, and to a philosophy of racial and cultural democracy. Students must assimilate the concepts of rights, of needs, of responsibilities, of tolerance, of self-direction and participation and translate them all into skills.

All of this seems to indicate that the social worker is again willing to be a reformer—not in the sense of uninformed zealot or bigoted missionary, but in the sense of combining a knowledge of facts with a faith that a better world can be achieved and doing something about it. There need not be a separation between good professional practice and earnest striving for a good life—what Harold Laski calls "the divorce between scholarship and life." In his words, "The abyss which separates the intellectuals of the main world of scholarship, above all in the academic world, from the main problems of their time is as grave in its implications as it is wide in its extent." Carr-Saunders and Wilson in their book, *The Professions*, regret that the professions make progress but only in their own grooves, that they do not grasp the essential features of social and economic situations, that they treat superficially the remainder of life outside their special activities. The remedy, they believe, for this lack of vision is the use of their own

organizations, not only for the consideration of technical problems but for the determination of the place of the particular professional group in society. This is now being done by numbers of social work groups.

Second. The next development, and directly linked with the first, is the alliance of labor and social work. In the language of Dr. Ellen Potter, President of the National Conference of Social Work in 1944, "From the point of view of the incoming president, the most profoundly significant development (at the Cleveland meetings) was the presence of organized labor in strength, A.F. of L. and CIO registering as members, attending meetings, speaking from the floor, asking pertinent questions and speaking formally from several platforms."

The Joint Committee of Trade Unions in Social Work and the National Social Service Division of the United Office and Professional Workers of America are strong forces, especially in the East, in welding closer this relationship. A strong precipitating factor in this process was joint participation in war-relief campaigns, although the depression hastened an inter-group consciousness.

Labor and social work share an interest in the common man—in his economic, social, and political welfare wherever he may be. It is inevitable that labor and social-work organizations increasingly work together and often in the face of opposition from politicians, boards of directors, and vested interests. It is quite possible that some such heckling group as the old Dies Committee will come forth with the accusation that the labor movement is the left wing of social work or social work the right wing of labor. The truth of the matter is that because of similarity of objectives there must be a close tie-up between these two large organized groups. It is even possible that from these two groups will come the main pressures for directed social change.

Third and fourth. Since these next two developments, adaptation of social work to new situations and acceptance of social work as a desirable and necessary function, will be discussed in the body of this chapter, it is unnecessary to do more than briefly refer to them here. The various methodologies of social work, have made and are continuing to make striking adjustments to changing conditions. The tremendous amount of attention that has been given to social-work skills and to the broad social services since 1930, means that there is less resistance today to the profession, in part because social workers are not so technique-minded and, paradoxically, have become better technicians and in part because the people who need the social services understand them and want them. Even the army

found itself using case workers, whom it ambiguously called field agents, to gather mental, physical, and social histories on potential inductees! Although social workers are still ridiculed or berated, and although relatively few people have much insight into their purposes and processes, there is general acceptance of their indispensability, and the war greatly increased both acceptance and understanding.

Fifth. Every profession goes through painful periods of determining the basic content of its educational program. Expensive and exhaustive studies of the most desirable preparation for the professional practice of medicine, law, dentistry, nursing, and engineering have been made in the not very distant past. The major results of these studies have included: raising the standard of instruction in the schools, modification of curriculum content, more adequate financing of the schools, more careful selection of students admitted to the schools, etc.² Studies like these are the results of many factors, not the least important of which is that practitioners came to realize that many of them are not rendering the quality of service that the public is encouraged to believe it is guaranteed. Social work education is at the stage where scientific analysis of its objectives, its content, its directions is needed and wanted.

In August, 1946, the National Council on Social Work Education was organized. The purpose of the council is defined to be:

1. To bring together organizations interested in social work education for discussion of their common problems, to serve as a clearing house, and to provide machinery for cooperative activities related to social work education.
2. To engage in research, including the continuous collection of data on personnel needs and on educational problems, and sponsorship of special studies as the need arises.

We list the organizations represented and the number of representatives from each in order to show the wide-spread interest in such a study.

American Association of Social Workers	5
American Association of Medical Social Workers	1
American Association of Psychiatric Social Workers	1
American Association of Group Workers	1
National Association of School Social Workers	1
American Association for the Study of Community Organization	1
American Association of Schools of Social Work	5
- National Association of Schools of Social Administration	5

² Sue Spencer, "Studies of Education in Other Professions," *The Compass*, March, 1947, pp. 7-10.

Joint Committee on Accrediting	1
Association of American Colleges	1
Association of American Universities	1
National Social Welfare Assembly	2

As its first activity the council has decided to sponsor a comprehensive study of social-work education as related to the nature and needs of social-work practice, actual and potential, in a rapidly changing scene.³ Funds are being sought from foundations and it is contemplated that the staff director shall be a non-professional social worker with marked research abilities.

This most recent significant development in social work is immensely heartening to all social workers, perhaps particularly so to those who have observed the stereotypes of thinking and practice among so many social workers. Many of them are technicians with little orientation of their practices to a world whirling faster than at any time in its history. We do not wish to minimize the importance of competent performance. We do want to point out the dangers of stand-pat, let-the-world-go-by kind of thinking. Most social workers like most human beings are not very original or creative. It should be part of their philosophy, however, to recognize places where creative thinking is needed and to encourage it when it is found. How many times do we see pulling-back rather than pushing forward by the practitioners of our profession, the characteristics of which require adaptation to change! It is one of the strange paradoxes of social work.

In a speech entitled "Social Workers: Stand Up and Be Counted" and given at the annual meeting of the American Association of Schools of Social Work in Chicago when he was elected 1947 president, Benjamin Youngdahl took members of his profession to task for types of thinking and acting. One of the offending types was the stereotype about which he had the following to say:

He is a myopic type of person who does little if any thinking and whose end is mechanics and techniques. He hardly knows that the world is changing and he therefore doesn't see the danger of losing liberty. He is the type of person whose emphasis on the individual approach to human problems is so great as to preclude a glimpse of the larger and broader problems of human relations. On the other hand, he may be the person who, in administering a mass program, puts all the emphasis on the norm or the typical and fails to see that individuals constitute that mass. He is near-sighted; he doesn't see the broad causes of distress and wants to think and

³ Irene Farnham Conrad, "The Organization, Objectives and Program of the National Council on Social Work Education," *The Compass*, March, 1947.

practice under an old economy rather than make any effort to build a new one or to better an existing one. You know him—the stereotype. He is not a bad person as such; he is not a criminal with intent (he is a delinquent by non-leasance). It isn't so much that he is walking on a treadmill as he is just along for the ride, and not even the passing scenery makes an impression. He thinks of himself as a professional person, but rarely as a citizen.⁴

One of the main reasons why the profession of social work needs an exhaustive study of its practices and professional requirements is to help correct this kind of fault. Stereotyped thinking is a hindrance to growth and progress. Social work needs an educational program with high standards but a program capable of change tomorrow if that change is indicated.

CASE WORK

Having set out a brief general introductory statement of developments and challenges in social work, let us now proceed to observe activities and trends in the areas of case work, group work, community organization, public welfare, and social action.

Until very recently such organizations as the American Association of Social Workers and the American Association of Schools of Social Work constructed their membership and curricula requirements on the theory that the primary process in social work is case work. It was a case worker, Mary Richmond, who was responsible for the first comprehensive formulation of social-work principles. Upon her formulation which identified case work and social work, successive workers have built additional principles. We recognize today that case work is a process within the field of social work and that many principles articulated by case workers are equally applicable to the other areas of social work. For example, all social workers must learn how to gather data, analyze, evaluate, and use it. All social workers must understand that behavior is symptomatic and purposive and may express deep conflict; that it may be consciously or unconsciously motivated; that it has a history. All social workers must appreciate the significance of the cultural environment in the development of personality. All must recognize that the family as a unit of interacting personalities is the primary institution in the formation of personality and character. All must develop their professional selves so that worker-client relationships can be non-judgmental. All must assimilate

⁴ *The Compass*, March, 1947.

late the belief in the democratic right of self-determination and practice it.

Such principles as these permeate social-work activity and are part of the daily performance of social workers. Case work has been the means by which many of these ideas have seeped through professional social-work practice. Case work, however, is not occupying the same limelight today as ten, fifteen, or twenty years ago. This is undoubtedly due to many factors, in part because the other areas of performance are more aware of the contributions they have to make and are making them, and in part because the youthful phase of case work when it talked and thought constantly of itself has been superseded by a more adult period when it relates itself to other areas of social work and to other fields of interest. Dr. Ellen Potter made a similar observation when she wrote, "There was a shift in emphasis in the section programs (of the 1944 National Conference of Social Work) which was of historical significance. Case work did not hold the spotlight to the same degree as in recent years. Its techniques and psychiatric refinements gave place to adaptation of skill to new needs, in new settings, and short cuts to goals which must be quickly reached."⁵

The present major developments in case work appear to be three: (1) counseling; (2) extension into new fields; (3) leadership in the redefinition of social-work functions.

First. Vocational and industrial counseling, marriage counseling, counseling in clinics are not new services. The first has not usually been done by professional case workers, the latter two often have. For our purposes counseling means a person-to-person relationship with one individual seeking help from the other who is prepared to give it without imposition of opinion or act. Suddenly counseling has become a popular function, often performed by persons or agencies wishing to be helpful but not quite knowing how. PTA's, AAUW's, Rotary Clubs, Junior Chambers of Commerce start a counseling program for soldiers or soldier's wives, refugees, migratory workers, or whomever. It is as though there were magic in the word and hence in the activity.

The rapid growth of counseling in both new and old settings as, for example, in unions and in industry, in the administration of the social insurances, in employment and rehabilitation agencies, in USO's, in settlements, in Y's, in Scout organizations, and in correc-

⁵ *National Conference of Social Work Bulletin*, July, 1944.

tional institutions, inevitably means much inadequate and some competent service. Many of the people in these organizations are counseling in the sense of prescribing and dictating, not in the sense of helping the client work out his own destiny. The principles of case work should be the principles of counseling; in other words, counseling is case work, most generally on a short-time basis. It seems clear that counseling will come to be considered an aspect of case work if case workers function intelligently—without smug superiority of language, performance, and principle.

Second. Case work has long been used in numerous settings. The recent rapid extension of case work to new fields has come about in large part through the expansion of counseling just discussed. Perhaps the most important extension of case-work methods is taking place in labor unions, in day nurseries both in the admission processes and in the treatment of the children and their parents, in USO clubs, in Travelers' Aid Associations, in public-housing ventures, in the rehabilitation agencies, in information centers for returning veterans, and in the old services of the Red Cross including Home Service and medical social work. In most of these areas the contacts of the case worker or counselor are short and considerable adaptation of techniques is necessary.

Third. The extension of the borders of social work is largely the work of case workers. This is not to say that there are no leaders from the areas of group work and community organization but that numbers of workers from case work, Bertha Reynolds, Gordon Hamilton, Fern Lowry, Clara Rabinowitz, Antoinette Cannon, Esther Lucille Brown, and Constance Kyle, for example, took the initiative in drawing attention to the interrelation of person and environment before the revived interest in social change became virtually a new social-work movement. Even though that proportion of the total number of case workers performing this function is small, still it is case workers who have helped give new dimensions to the old job.

GROUP WORK

There are several significant developments in social group work: *First*, the recent careful formulation of methods and principles, a phase which case work has been going through since 1917 with the publication of *Social Diagnosis*. Such books as *New Trends in Group Work*, *Studies in Group Behavior*, and *Creative Group Education* illustrate this development. None has yet done for group work and

social work what *Social Diagnosis* did for case work. The 1946 establishment of the American Association of Group Workers, a professional organization concerned with methods and standards is obviously significant.

Second, the growth in understanding of group workers and recreation workers, who may or may not be competent both in the field of recreation and the methodology of group work. It seems clear that recreation workers, who are usually considered to have a program-centered interest and group workers a person-centered interest, cannot well do without each other. Even such an organization as the USO, in which most of the activities were planned for participation by thousands of servicemen, carried on group work. In a USO center which the author knew, one staff member trained in group work gave special attention to craft, music, art, and discussion groups. He was incidentally the most resourceful member of the staff in planning programs for the multitudes!

Third, a tremendous growth of community interest in recreation and group work particularly in youth activities and largely because of wartime delinquency. During the war hundreds of communities not only expanded existing recreation and group work-resources, but set up new youth centers and councils. Innumerable articles on youth activities with a juvenile-delinquency prevention emphasis continue to appear in magazines of as divergent types as *The Survey*, *Recreation*, *Time*, *Life*, *Vogue*, *Mademoiselle*. Evidence accumulates to indicate that police departments throughout the country are becoming increasingly interested in the provision of recreation as one method of preventing delinquency.

Interest in leisure-time activities for youth as a means of preventing delinquency has been so emphasized that some communities are in danger of forgetting that younger children, adults, and the aged also have recreational interests and needs. This over-emphasis is not so likely to occur in communities appreciating the fact that the teen-canteen should be managed by youth and only sponsored by adults, that such purposes as relaxation and rest, personality growth, and the expansion of interests are as important as delinquency prevention. A post-war diminution of lay participation in recreational and group-work activities is inevitable. We hope community leaders and professional social workers will preserve as much as possible of the war-stimulated interest.

Fourth, extension of and adaptation of group work knowledge, techniques, and theory to new fields and agencies, similar to the same

development in case work. The noticeable areas of new activity in group work include trade unions and coöperatives, housing enterprises, military organizations, churches and student religious centers, campus unions. The USO was in part responsible for extensive "re-tooling" of group work practices. An organization that caught thousands of men on the fly had to modify program techniques and human relationships.

Fifth, individualization of group members, a phase which has been increasing for some years. In 1943 Everett DuVall published his *Personality and Social Group Work*. It is his conviction that the introduction of an individual approach and increased skill in the methods of guidance will immeasurably help the group worker in attaining his goals. Numbers of critics have reacted negatively to what they think is his over-emphasis on the individualization process. They agree that the group exists for the individual and not *vice versa*, but they maintain that the primary relationships in group work are not the face-to-face ones of the case worker, but group-leader relationships. They agree with him that individual guidance or counseling is necessary in order that the group may be more effective in meeting the needs of each member. The narrative and chronological records of Grace Coyle and others show how necessary it is, if the group is to serve an educational and recreational purpose, that the members be understood as individuals, that the backgrounds, the resistances and interests, the personality organization be understood. This does not mean the leader will spend the largest part of his time fraternizing with and studying individuals but that he will observe each member of the group carefully, acquire information about him, and conduct such outside-the-group interviews as seem necessary to help the group serve its purpose.

Sixth, wartime use of volunteers and the employment of many comparatively untrained workers had effects on training content and supervisory relationships and on the spread of interest in community needs. Professional workers learned a great deal about giving to and receiving from lay leaders. The latter took their knowledge of agency functioning to the community.

COMMUNITY ORGANIZATION

Professionalization of the process of community organization is a development of the last generation. Although social workers have always been active in community organization, carrying on many of the

processes as incidentals of other functions, only recently has there been any agreement on a definition and any considerable amount of analysis of problems and techniques. The *first* major development in community organization then is acceptance of definition, analysis of practice and theory, and appreciation of the fact that community organization is social work and that many of its methods permeate all social work.

A *second* important development is the increase in numbers of central planning and financing organizations. Two causative factors in this growth were the Office of Civilian Defense and war chests. The OCD encouraged local organization for physical protection and for the social services. The war chests coördinated wartime relief agencies and often integrated that activity with the planning and fund-raising functions of the permanent peacetime agencies. An aspect of the war chest movement was the organization of state chests. Several states are continuing to coördinate welfare planning and financing on this level.

The most important *federal* planning organization of recent years was the National Resources Planning Board. Congress was sufficiently suspicious of it to deny it appropriations and thus to abolish it. Social workers know the activities of the board through the report, *Security, Work and Relief Policies*. It was the function of the board through a staff of experts to obtain data on many physical and social problems and to suggest recommendations for meeting them. It was not its function to blueprint rigid plans to be inflicted upon the people of this country as some feared. It is to be hoped that a similar body will be revived in the post-war period. The most important *private* welfare planning organization is the National Society Welfare Assembly comprised of many voluntary and public-welfare organizations.

A *third* important phenomenon in the area of community organization has already been referred to, namely the activity of labor which is calling for more aggressive action from social workers, which is seeking and obtaining representation on public and private welfare boards, and which is drawing social worker skills into its own organizations. Since social workers and labor are working for identical goals of better standards of living and security for the bulk of the American people, social workers and labor must coördinate their efforts. This was eloquently urged at recent institutes of Wisconsin county public welfare administrators by Professor Selig Perlman, student of labor movements and teacher of labor history at the University of Wisconsin.

In his talk on the social psychology of the labor movement, Professor Perlman urged social workers to assume responsibility for interpreting their activities and principles to other groups. Social workers, he said, are general practitioners working with the total person in distress and with the total community in its inter-group relationships, in contrast with the medical specialist who deals with a segment of a person's problems and a small part of a community. Social workers, continued Professor Perlman, must interpret and integrate community thinking and activities at four focal points: labor, housing, health, and veterans, and not the least of these is labor.

A *fourth* development is the creation of organizations to deal with the problems of minority groups. President Roosevelt's committee on fair employment practices, whose objective was to assure full utilization of all available manpower and to eliminate discriminatory employment practices was a manifestation of governmental concern with this aspect of human relations. The War Refugee Board set up by executive order in January, 1944, was designed to consider the refugee problem, particularly the needs of dislocated Jews, and to find means of meeting the needs of some percentage of this vast group of people. The War Relocation Authority, also created by executive order, primarily for the purpose of removal of Japanese from danger zones on the west coast, of course accentuated racial problems but by employing social workers attempted to reduce the inevitable antagonisms between groups and areas.

How best to organize the community for interracial coöperation is a moot question. The organization of groups of mixed persons for no specific purpose other than the sharing of cultural interests has not been fruitful. Rather there seem to be two methods that can better be employed: (1) the creation of special committees or groups to work on some specific problem such as the settlement of the Japanese in a given community or the handling of Negro discrimination on a given campus, and (2) the use of already existing groups by extending their interests and functions. In other words, specific objectives and not just generous good-will must characterize organizations concerned with the social welfare of minority groups.

The *fifth* and last development to which we shall refer is the rapid growth in the numbers of groups concerned with the needs of the aged and chronically ill. Many municipalities, counties, and states are organizing committees to ascertain the size of the aged and chronically-ill population requiring special care of a boarding home, institutional or hospital type. With the great increase in the number of aged and

chronically ill, a trend which will continue at least until 1980, all communities are facing the necessity for setting up immediate and long-term plans. Old-age assistance and the social insurances are boons to those who can live independently in the community but do not meet the needs of those who require more or less supervision or medical and nursing care. The study of geriatrics is in its infancy. So, too, is the study of the best methods of meeting the social needs of these two groups of persons. Many experiments, both in medicine and in social work, will be conducted in the next quarter century as this problem of the aged and chronically ill becomes more acute.

PUBLIC WELFARE

The most important developments in the administration of public-welfare activities seem to be: (1) great expansion of governmental services requiring large numbers of administrators; (2) the introduction of the social insurances; (3) the development of international and national relief organizations.

First. One of the most important developments in the twentieth century, especially in the '30's and '40's, is the rapid growth of governmental services, particularly social services, and particularly by the federal government. Not until the depression and the New Deal was it possible to prevail upon Congress to enlarge the meaning of the constitutional phrase *general welfare* for the benefit of the poor and needy wherever they might be. It took all these years to reserve the 1854 veto of President Pierce in which he said he could not find any authority in the Constitution for making the federal government the great almoner of public charity throughout the United States.

The depression brought with it such new federal governmental services and agencies as the FERA, WPA, NYA, Surplus Commodities, and the Social Security Board. During the war the OCD, Office of Community War Services, day-nursery programs, health programs for war wives and infants, allotment and allowance provisions, the War Relief Control Board, educational and unemployment-compensation programs for veterans, etc. were initiated. This great expansion of governmental social services brings to public-welfare administrators many problems as: What social services should be private and what public? Which level of government should perform what services? What are the functions of grants-in-aid and how should they be distributed? What should be the standards of public assistance? Which services should be financed by the government and

which by recipients? What is competent performance? Typical of specific problems to which public-welfare administrators are giving their attention is the question as to whether or not all public assistance should be dispensed as general or as categorical relief.

Second. Particularly important in the expansion of governmental services are the social insurances. The passage of the Social Security Act in 1935, with its provisions for old-age and unemployment insurance offered new security to the wage-earners of the country. Various Wagner-Murray-Dingell proposals seek to liberalize existing provisions and also to provide for permanent and temporary disability insurance, and for hospital and health insurance. The sections of the proposed bills having to do with health insurance have brought frantic opposition from the medical profession. Mr. John M. Pratt of the National Physicians Committee for the Extension of Medical Services, in a little bulletin entitled, "Abolishing Private Medical Practice or a Prelude to a Centralized Control of the Professions and of Industry" which has been distributed by the millions wrote "Senate bill 1161 makes provision for *free* general medical, special medical, laboratory and hospital benefits of 110 million people in the United States." He apparently forgot that the bill provides for a 6 per cent tax from employees and the same from employers for the Social Security insurance programs, furthermore he included no suggestion in this bulletin for substitute services even though his committee professedly is for the extension of medical services!

It is unfortunate that the United States is almost the only large western country which lacks a social-insurance scheme sufficiently comprehensive to include medical care and disability security. The data included in many studies show the unequal distribution of medical care and of medical costs. Only a comprehensive and compulsory government scheme will equalize the availability and quality of those services. There are, of course, honest differences of opinion as to what groups should be included within the program, whether it should be compulsory or voluntary, what proportion of expense should be met by the government, by industry, and by workers, and whether it should be federal or federal-state or exclusively state administered. There is no question that the people of the United States increasingly need and want more medical protection.

Third. No amount of money and service can compensate for the physical and spiritual suffering endured by the millions of bereaved or displaced or physically-deprived persons surviving World War II. This is a trite statement but one that it seems necessary repeatedly

to make if international services are not to be jeopardized. At the same time that the United States Government and voluntary organizations contribute tremendous sums of money for relief of war distress, agitation for diminution in the size of the programs or for their withdrawal goes on continuously. Numbers of international and also distinctly American organizations contribute to the alleviation of war suffering. These or other organizations will be needed for many years if distress is to be minimized and if an embittered world is to avoid preparing for World War III.

The most important international agency has been UNRRA, the United Nations Relief and Rehabilitation Administration. It was established in 1943 by forty-four governments including the United States to meet the needs of people in the liberated nations. Unfortunately by the end of 1946, before long-range policies and agencies were ready, UNRRA was preparing for liquidation. Its activities have consisted of: (a) the supply program; (b) the technical health, welfare, industrial, and agricultural rehabilitation services; (c) the displaced-persons program. By the end of June, 1946, a total of nearly thirteen million tons of food, textiles, shoes, medical supplies, industrial and agricultural equipment had been shipped to fourteen countries. Despite the size of shipments only a fraction of the grain, meat, fats, oils, clothes, etc. needs were met.

UNRRA's health, welfare, industrial and agricultural rehabilitation specialists have rendered valiant service. For example, devastating epidemics of cholera, malaria, typhus were prevented by the shipment of preventive chemicals.

Among UNRRA's most important and widely publicized programs was the one for displaced persons. It has operated camps and aided the United States, British and French military authorities both in the operation of camps and in the repatriation of displaced persons.

As of June 30, 1946, non-administrative or operating contributions totaled over three and one-half billions, of which the United States, the wealthiest of all the nations, contributed 73 per cent. In addition to contributions by member governments and relatively small sums from the aided countries, UNRRA was authorized to accept voluntary gifts. The largest single contribution was thirty-seven million dollars worth of clothing contributed through the Victory Clothing Drive of the United States.

In 1946, at the suggestion of UNRRA and the Economic and Social Council, the General Assembly of the United Nations organization discussed the problems of residual relief needs after the conclusion of

UNRRA activities. A General Assembly resolution on December 16, 1946, recognized the need for relief on a reduced scale after termination of UNRRA, so established a Special Technical Committee of ten experts including one designated by the United States, to render a report on the financial assistance needed, and directed the Secretary-General to transmit information and to facilitate informal consultation among the governments concerned regarding relief needs and plans.

The General Assembly in 1946 took positive action on two projects proposed by UNRRA. The first plan provides that the United Nations is to furnish funds for social welfare experts who will furnish advisory services; for the further training of qualified social welfare officers; and for advice and demonstrations in connection with the manufacture and use of artificial limbs and vocational training of physically-handicapped persons. The second sets up an International Children's Emergency Fund designed to provide assistance to children in war-devastated countries during the next few years. On the initiative of the United States the scope of the fund was expanded to include not only children in countries which had been the victims of aggression but also children in countries receiving UNRRA assistance and in others requiring assistance for child-health purposes generally. The fund will be administered by an executive director to be chosen by the Secretary-General in consultation with an executive board composed of twenty-five countries including the United States. The fund is authorized to accept sums of money turned over to it from UNRRA. In another resolution the General Assembly recommended that all members of the United Nations accept the Constitution of the World Health Organization. This organization will carry on many of the activities of the UNRRA health program.

The most pressing of the substantive problems before the Economic and Social Council in 1946 was that of refugees and displaced persons. The position of the United States was that the cost of helping more than 800,000 persons would be large and that the cost should be apportioned equitably. The constitution of the International Refugee Organization eventually accepted by the General Assembly, drew much fire. The chief points which arose in the discussion were:

- a. The extent to which repatriation or resettlement of refugees should be deliberately influenced by informal programs, regulations, and by grants of food or other assistance.
- b. The amount of information the International Refugee Organization

should be obliged to give governments regarding persons under its care.

- c. The relative authority in the International Refugee Organization of the proposed executive committees and Director-General.

By and large the United States' views favoring a strong organization were upheld.

The United States government has contributed relief to war-devastated countries through organizations other than UNRRA. The United States Army has carried on extensive civilian relief activities. During 1946 its relief operations extended to five still occupied countries, Germany, Austria, Italy, Japan, and Korea. Army estimates of costs for 1947 total \$500,000,000. Among the American voluntary agencies operating in the field of international relief are the American Red Cross and the American Council of Voluntary Agencies for Foreign Service. Between September, 1939, and June, 1946, the American Red Cross provided more than \$170,000,000 foreign relief. Its relief operations are carried on in liberated, allied, neutral and ex-enemy countries. The American Council of Voluntary Agencies for Foreign Service was organized in October, 1946. It is a coördinating agency made up of sixty-two member organizations, all of which carry on foreign relief work. It includes such organizations as the American Jewish Joint Distribution Committee, the Church World Service representing twenty-six Protestant denominations, the War Relief Services functioning under the National Catholic Welfare Conference, the Greek War Relief Association, United Services to China, and American Friends Service Committee. This council works largely through committees interested in child welfare, coöperatives, material assistance, or coördination of services in a given country.

The main burden of relieving the suffering caused by World War II rests on the United States. Whether we like it or not we must assume that responsibility if we are to prevent many dire consequences. We are doing much of what is needed but not nearly enough; we are in constant danger that selfish interests will permit us to do even less.⁶

⁶ The material for this section came from three sources: (1) *The United States and the United Nations*, Report Series 7, Report by the President of the United States on the Activities of the United Nations and the Participation of the United States Therein for the Calendar Year 1946, Submitted to the Congress Pursuant to Section 4 of the United Nations Participation Act of 1945 (Public Law No. 264, 79th Congress, 1st Session). (2) Donald S. Howard, "Foreign Relief and Rehabilitation," *1947 Social Work Year Book*. (3) Ruth Larned, "International Social Work," *1947 Social Work Year Book*.

SOCIAL ACTION

Social workers have two professional responsibilities, to be experts in the skills of their profession and to work for social change in areas where they have special information and knowledge. They have, like every citizen, the further obligation to be aware of the economic and social forces that make for world chaos and to do something about them through political activities. When they attempt to affect community thought and action in those aspects of social disorganization in which they are experts and do it through special groups, they are fulfilling their second obligation.

The achievement of social action may be the primary, the secondary, or only an incidental function of a social worker. It is his *essential* function, if, for example, he is an executive of a race-relations agency; it is his *secondary* function as executive of a community chest or council of social agencies; it is his *incidental* function as a case worker. Such organizations as the National Federation of Settlements, the Family Service Association of America, the National Child Labor Committee, the National Consumers League, and the social action divisions of the national church bodies give all or part of their time to achieving social action or social reform.

Obviously since social action is designed to effect change in social conditions, very influential and powerful opposition may be generated. The extent to which an agency will arouse the antagonisms of real-estate interests for slum clearance or low-cost housing, or of commercial recreation interests for the elimination of indecency and vice, or of the medical profession for health insurance, or of employers for higher wages depends upon agency security, function, philosophy, and the relative strength of support and opposition in the community. The agency which exists for the purpose of achieving social change knows what it has to contend with when it is created, but the agency which has social action as a secondary or incidental function must carefully weigh the values of one or another course of action.

Social action is achieved by such processes as collection and dissemination of data, mobilizing of public opinion, legislation, and political action. Only recently have social workers openly aligned themselves with political-action groups. In 1944 invitations were circulated among social workers all over the country to join a Social Workers Committee for Roosevelt. The theory of the committee was that "social workers have a part to play, with all other groups having the same aims, in drafting the President to carry further a program

which makes it possible to have full employment, sound economic coöperation with allied nations, protection against exploitation, race discrimination, disfranchisement,—actually to realize, that is, the democracy for which we are fighting.”

There are and will continue to be strong differences of opinion between social workers as to whether or not they should form or join political-action committees. Whatever may be the conclusion of any given social worker, the fact remains that social workers must increasingly assume responsibility for helping achieve greater human welfare. They cannot remain quiet or indifferent concerning methods of eliminating what Sir William Beveridge calls, want, disease, ignorance, squalor, and idleness. If we mean what we say when we say we wish to do away with the causes of distress which create a need for our profession, we must be advocates, proponents, reformers. Were Mrs. Florence Kelly, early champion of vigorous social action by social workers, alive today she would welcome this urge to political action and perhaps feel less impulsion to berate and deride the profession for its complacent pride in expanding numbers and in widely attended conferences!

These then are the two most important developments among social workers in the area of social action: (1) recognition of an obligation to participate in efforts for improvements in such fields as housing, employment, health, the social insurances, and public assistance; (2) formation of political-action groups of social workers.

CONCLUSION

Social workers have need for faith, hope and courage. A war, a depression, a second and bigger war, and the fear of another depression leave them no time for detachment and professional isolation. The very nature of their activities provides the incentive for consideration of motive and cause. It is a welcome trend that social workers are more and more willing to participate in the struggle for a better world. Faith that political and economic security can be achieved is giving them courage to combat smugness and indifference, selfishness and vested interests. The orbit of social workers' interests and skills is becoming wider.

In conclusion the main developments in social work seem to be:

1. The relative maturity of performance and attitude achieved of late.
2. Acceptance of social work by the man in the street although he protests many of its methods.

3. Tremendous expansion of the public social services including the social insurances and public assistance.
4. The alliance of labor and social work.
5. The extension of social-work skills into new areas of performance.
6. The great expansion of recreation and group-work resources, particularly for youth.
7. The development of international welfare structures.
8. The renewed emphasis upon social planning and social action.
9. The ability of the profession to weather three major crises in twenty-five years and to develop sufficient self-confidence to feel that it can make whatever adjustments the future demands of it.

EXERCISES

1. What seem to be several of the most important recent developments in social work as a whole?
2. What seem to be the most important developments in case work, group work, community organization, public-welfare administration, social action?
3. What are some of the new opportunities for young workers in the field of social work?
4. What do you believe is the future of social work?
5. What makes social work a profession?
6. What post-war adaptations of social work do you find in your community?

Addendum

The author has been associated for twenty-five years with the editor of this volume, Professor Edward Alsworth Ross. Her associations have been particularly intimate in the last ten years since he is the editor of *Social Legislation* and *Principles and Practice of Social Work*. In the long conferences which this writer has been privileged to have with Professor Ross, she has often been startled by the similarities of ideas and points of view of this distinguished, eighty-year-old sociologist and of social workers whose profession is younger than he is. Terminology may differ; newer approaches sometimes supersede older points of view; but theory and philosophy are often almost identical.

One of the premises of this book is that social work and the social sciences must be drawn more closely together. As a means of doing this the writer wishes to conclude her attempted systematic analysis of social work with several quotations from Mr. Ross' manuscript "Capsules of Social Wisdom." Every student of sociology knows Mr. Ross' flair for putting into precise and picturesque language his often profound and penetrating ideas. Few writers of professional and scientific literature have his pungency.

Each of these maxims has relevancy to the materials of this book. It is the hope of Professor Ross and the writer that students will enjoy and profit by these aphorisms.

The bold decry "opportunity" where others can read only
"Dead End."

Tolerance is now a virtue, now a vice; so is intolerance!

Wit is wisdom at play.

Whether our tastes are of the Yahoo or of the civilized shows
plainest in what we do with leisure. We work as we must,
but spend our leisure as we like.

You see that your child has grown out of its last year's clothes
but fail to see that it has also grown out of its last year's
personality!

The educated should harbor fewer pointless prejudices than
those who never got to the fifth grade.

Facing an outburst from the intolerant, the tolerant have to consider: "Shall we give them a dose of *their* medicine? Or of *ours*?"

If you strongly dislike some culture trait of one of our minorities, say so, for *culture* can be changed; but if its color or physiognomy you object to, be silent, for *nature* cannot be changed.

Where life runs thin grudges are nursed and handed down as if they were precious heirlooms; on the other hand, *where life overflows* the prevalent attitude is, "Aw, forget it!"

In view of the part the Unanticipated plays in our lives, we dare not lump together all types of the distressed as simply "the Unfit."

What a Godsend to "tightwads" has been the pseudo-pious notion that *crippling* things—like sickness, bereavement and misfortune—are "sent!"

One who expects to do good by careless, indiscriminate giving would undertake to carry water in a sieve.

Social agencies can hold high their heads now that they no longer have to kowtow for funds to Lady Bountiful.

The showing-up of nasty social realities evokes loud yelps of pain and wrath from certain profiting groups, who thereupon try to "smear" social workers—according to the time and place—as "Godless," "free lovers," "Socialists," "Communists!"

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